



**Manchester University**  
NHS Foundation Trust

## National Aspergillosis Centre (NAC) Referral form

Please complete this form and return to [idandnacadminteam@mft.nhs.uk](mailto:idandnacadminteam@mft.nhs.uk)

**Please note that this form should NOT be used for urgent cases and inpatients. Please discuss urgent cases and inpatients with the on-call team via Wythenshawe hospital switchboard [0161 998 7070](tel:01619987070)**

NB It is the referring clinicians' responsibility to request a transfer of imaging through PACS.

Please contact your local PACS team to facilitate this. This can take 24-48 hours.

### PATIENT DETAILS

Date:

Name:

DOB:

NHS Number:

### REFERRING HOSPITAL DETAILS

Hospital:

Consultant:

Referring Clinician:

Contact email/s:

Contact telephone:

**Category of question (please tick):**

ABPA ☐

CPA ☐

Invasive aspergillosis ☐

Other ☐

**Clinical details/Reason for referral:**

**Past medical history including recent admissions:**

**Medication history including steroid use:**

**Immunosuppression history including high dose and/or long-term steroids:**

**Antifungal history with therapeutic drug monitoring levels:**

**Relevant laboratory results – please quantify:**

Aspergillus IgG

Aspergillus IgE

Total IgE

Inflammatory Markers	
Fungal culture (please specify source)	
Fungal PCR (include source)	
HIV result	
Mycobacterium culture:	
Histology (please copy and paste full report)	
<p><b>Recent imaging</b></p> <p><b>Last CT – please include date and report if available</b></p> <p><b>Last CXR– please include date and report if available</b></p>	
<p><b>Lung function tests. This is especially relevant for possible ABPA</b></p> <p><b>FEV1:</b></p> <p><b>FVC:</b></p> <p><b>Reversibility:</b></p> <p><b>FeNO:</b></p>	

**Other investigations for review:**

**Any other information:**