
Patient's Name:

DOB or NHI:

Please write or circle appropriate answers

Site of collection:

1. Have you been given any anti-fungal treatment for this?
Creams: _____ Tablets: _____ Last applied: _____
2. Do your nails (fingers or toes) have any of the following appearance?
 - Discoloured nails: What colour? (a) Black (b) White spots (c) Other _____
 - Thickened nails
3. Are the soles of your feet: (a) blistered, or (b) pitting?
4. Do you have any change to the colour (pigment) of your skin? YES / NO
If yes, please provide details: _____

Collection Staff: Please indicate on picture where specimens were taken from



FRONT



BACK