

Technical Data

Yeast Phosphate Agar

M1061

Yeast Phosphate Agar is generally used for isolation of dimorphic pathogenic fungi from clinical specimens.

Composition**	
Ingredients	Gms / Litre
Yeast extract	1.000
Disodium phosphate	0.200
Monopotassium dihydrogen phosphate	0.300
Phenol red	0.001
Agar	20.000
Final pH (at 25°C)	7.0±0.2

**Formula adjusted, standardized to suit performance parameters

Directions

Suspend 21.50 grams in 1000 ml distilled water. Heat to boiling to dissolve the medium completely. Sterilize by autoclaving at 15 lbs pressure (121°C) for 15 minutes. Cool upto 50°C and pour into sterile Petri plates to make deep-filled plates to reduce the drying effect during prolonged incubation. After inoculating the plate, add one drop of concentrated ammonia at the edge of the medium. Allow the plates to remain undisturbed for 20 minutes before inverting. Incubate the plates at 25-30°C.

Principle And Interpretation

The systemic mycoses that are responsible for coccidiodomycosis, histoplasmosis and blastomycosis infections (1), although unrelated generically, morphologically and culturally, have one characteristic in common, that of dimorphism. The dimorphic organisms involved exist in nature as the saprophytic form, sometimes called the mycelial phase. For the isolation of *Histoplasma* from clinical material a series of six early morning specimens should be collected in sterile bottles. Immediate inoculation is recommended. The specimen is directly inoculated on medium like Sabouraud Dextrose Agar with and without antibiotics. Never hold the specimen at room temperature, as *Histoplama* does not survive at room temperature. Another procedure that may be useful for recovery of *Histoplasma* as well as *Blastomyces* from clinical specimens involves placing one drop of concentrated NH₄OH (ammonia) on one side of an inoculated plate.

Yeast Phosphate Agar was developed by Smith and Goodman (4) for primary recovery of *B.dermatitidis*, *H.capsulatum* and other dimorphic pathogenic fungi from clinical specimens. The medium is to be used with ammonium hydroxide. Ammonium hydroxide is a selective agent that aids in recovery of dimorphic pathogens by inhibiting bacteria, yeasts and saprophytic fungi (2, 3).

Yeast extract provides nitrogenous nutrients and vitamin B complex to support fungal growth. Phosphates buffer the medium. A drop of ammonia added to the surface of the inoculated plate inhibits bacteria, yeasts and saprophytic fungi present in clinical specimens without affecting dimorphic fungi like *Blastomyces* and *Histoplasma*. Phenol red changes colour of the medium from orange yellow to pink on addition of ammonia. Phenol red also shows loss of alkalinity as the ammonia volatilizes and the pH falls below 7.0.

Clinical specimens suspected of being from cases of Histoplasmosis and Coccidiodomycosis must be manipulated in an exhaust protective cabinet in order to minimize the risk of inhalation of infective particles (2).

Quality Control

Appearance Cream to beige homogeneous free flowing powder Gelling Firm, comparable with 2.0% Agar gel. Colour and Clarity of prepared medium

Beige coloured clear to slightly opalescent gel forms in Petri plates.

Reaction

Reaction of 2.15% w/v aqueous solution at 25°C. pH : 7.0±0.2

pH 6.80-7.20

Cultural Response

M1061: Cultural characteristics observed after an incubation at 25- 30°C for 48-72 hours.

Organism	Growth
Cultural Response	
Blastomyces dermatidis	luxuriant
ATCC 14112	
Candida albicans ATCC	luxuriant
26790	
Histoplasma capsulatum	luxuriant

Storage and Shelf Life

Store below 30°C in tightly closed container and the prepared medium at 2 - 8°C. Use before expiry date on the label.

Reference

ATCC 10230

 Baker F. J. and Breach M. R., 1980, Medical Mycology, Medical Microbiological Techniques, London, Tonbridge.
Haley L. D. and Callaway C. S., 1978, Laboratory Methods in Medical Mycology, HEW Publication No. (CDC) 78-8361, Centre for Diseases Control, Atlanta, Ger.

3. Murray P. R., Baron J. H., Pfaller M. A., Jorgensen J. H. and Yolken R. H., (Eds.), Manual of Clinical Microbiology, 8th Ed., 2003, American Society for Microbiology, Washington, D.C.

4. Smith and Goodman, 1974, Am J. Clin. Pathol., 62:276.

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