



MICROBIOLOGY LABORATORY REQUEST FORM

Patient's Name

--

IC/Passport No.

--

Clinic/Hospital Reference No.

--

Date of Birth (dd/mm/yy)

--

Age

--

Gender

M F

Race

Malay Chinese Indian Other _____

Specimen Collection Date (dd/mm/yy)

--

Time of Collection (hh/mm)

--

 AM / PM

Requesting Doctor's Name and Address

--

STAMP HERE

Doctor's Signature: _____

URGENT: PHONE _____

(Please tick) FAX _____

EMAIL _____

RELEVANT CLINICAL INFORMATION

**Please include antimicrobial therapy if any*

SPECIMEN DETAILS

**Please check (✓) the specimen(s) sent*

<input type="checkbox"/> Abscess ^{1,3}	<input type="checkbox"/> Cervical Swab	<input type="checkbox"/> Groin Swab	<input type="checkbox"/> Pus Aspirate ^{1,3}	<input type="checkbox"/> Sterile Body Fluid in Blood Culture Bottle (Aerobic) ²
<input type="checkbox"/> Axilla swab	<input type="checkbox"/> Colon Biopsy	<input type="checkbox"/> Hair	<input type="checkbox"/> Pus Swab ^{1,3}	<input type="checkbox"/> Sterile Body Fluid in Blood Culture Bottle (Anaerobic) ²
<input type="checkbox"/> Bartholin Cyst / Abscess ³	<input type="checkbox"/> CVL Tip	<input type="checkbox"/> High Vaginal Swab	<input type="checkbox"/> Rectal Swab	<input type="checkbox"/> Tip ^{1,3}
<input type="checkbox"/> Bile Fluid / Swab	<input type="checkbox"/> Cyst ¹	<input type="checkbox"/> Knee Aspirate ^{1,3}	<input type="checkbox"/> Semen	<input type="checkbox"/> Tissue ^{1,3}
<input type="checkbox"/> Blood or Bone Marrow	<input type="checkbox"/> Discharge ^{1,3}	<input type="checkbox"/> Low Vaginal Swab	<input type="checkbox"/> Skin Scrapping ¹	<input type="checkbox"/> Tracheal Aspirate
<input type="checkbox"/> Bone ^{1,3}	<input type="checkbox"/> Ear Swab ¹	<input type="checkbox"/> Nail Scrapping ¹	<input type="checkbox"/> Skin Swab ¹	<input type="checkbox"/> Urethral Swab
<input type="checkbox"/> Bronchial Lavage	<input type="checkbox"/> Environmental Screen ¹	<input type="checkbox"/> Nasal Swab	<input type="checkbox"/> Sputum	<input type="checkbox"/> Urine
<input type="checkbox"/> Bronchial Washing	<input type="checkbox"/> ETT Secretion	<input type="checkbox"/> Penile Swab	<input type="checkbox"/> Stool/Faeces	<input type="checkbox"/> Wound Swab ¹
<input type="checkbox"/> Catheter Tip ¹	<input type="checkbox"/> Eye Swab ¹	<input type="checkbox"/> Peritoneal Fluid ³	<input type="checkbox"/> Synovial Fluid ^{1,3}	<input type="checkbox"/> Other: _____
<input type="checkbox"/> CSF	<input type="checkbox"/> Gastric Biopsy	<input type="checkbox"/> Pleural Fluid ³	<input type="checkbox"/> Throat Swab	

¹ OTHER SPECIMEN DETAILS

Site: Left Right From what/which organ/body/area: _____

NOTE: Please refer the details of specimen mark "2" and "3" at the back of this form

TEST REQUEST

**Please check (✓) the test required*

CULTURE & SENSITIVITY TEST		
CHARGE CODE	TEST NAME	LIS CODE
<input checked="" type="checkbox"/>	61020162 *Alert Organism Surveillance Culture	XMDRcul1
<input type="checkbox"/>	61020191 Bacteria ID & Sensitivity	BactIDS1
<input type="checkbox"/>	61020192 Bacteria ID	BactID2
<input type="checkbox"/>	61020193 Bacteria Susceptibility Testing	BactSen1
<input type="checkbox"/>	61020004 Blood Culture & Sensitivity, Aerobic	CSBld
<input type="checkbox"/>	61020004 Blood Culture & Sensitivity, Anaerobic	CSBld
<input type="checkbox"/>	61020004 Blood Culture & Sensitivity, Paediatric	CSBld
<input type="checkbox"/>	61020170 Blood Fungal Culture	CFBld1
<input type="checkbox"/>	61020144 *CRE Culture	CREscn1
<input type="checkbox"/>	61020003 Culture & Sensitivity, Aerobic	CS1
<input type="checkbox"/>	61020056 Culture & Sensitivity, Anaerobic	CSAna1
<input type="checkbox"/>	61020165 Culture & Sensitivity, Aerobic & Anaerobic	AeAnCS1
<input type="checkbox"/>	61020164 Ear Specimen Culture & Sensitivity	EarSpCS1
<input type="checkbox"/>	61020030 Environmental Culture	Cen
<input type="checkbox"/>	61020194 Comprehensive Environmental Culture	Cen2
<input type="checkbox"/>	61020180 Eye Specimen Culture & Sensitivity	EyeSpCS1
<input type="checkbox"/>	61020005 *Fungal Culture	CF
<input type="checkbox"/>	61020189 *Fungal Culture, Extended	CF1
<input type="checkbox"/>	61020098 Fungal ID	FungalID
<input type="checkbox"/>	61020195 Group B Streptococcus Screening by Culture	GBScul
<input type="checkbox"/>	61020171 <i>Helicobacter pylori</i> Culture & Sensitivity	HPCs1
<input type="checkbox"/>	61020196 HVS Culture & Sensitivity	CSHVS1
<input type="checkbox"/>	61020109 MRSA Infection Control Screen	MRSAIC
<input type="checkbox"/>	61020177 Yeast Culture & Sensitivity	YeastID
<input type="checkbox"/>	61020096 Yeast Identification	YeastID
<input type="checkbox"/>	61020097 Yeast Sensitivity	YeastSen
<input type="checkbox"/>	61020174 Sensitivity, Anaerobic	AnaSen1
<input type="checkbox"/>	61020115 *Stool Culture & Sensitivity, Basic - Panel 1	sCS1

MYCOBACTERIUM TEST		
CHARGE CODE	TEST NAME	LIS CODE
<input checked="" type="checkbox"/>	61020133 Atypical Mycobacterium Culture	CalbAty
<input type="checkbox"/>	61020167 MTB Liquid Culture	CalbRplQ
<input type="checkbox"/>	61020168 MTB Liquid Sensitivity - 1 st Line Agents	SafbRplQ
<input type="checkbox"/>	61020065 MTB Liquid Culture & Sensitivity - 1 st Line Agents	CSafbRplQ
<input type="checkbox"/>	61020094 Non-Tuberculosis Mycobacterium (NTM) Culture & Sensitivity	CSafbAty
<input type="checkbox"/>	61020169 Non-Tuberculosis Mycobacterium (NTM) Sensitivity	SafbAty
<input type="checkbox"/>	61028154 PCR for MTB & Extensive Drug Resistance (XDR) Detection	PCRmtbXDR1
<input type="checkbox"/>	61028153 PCR for MTB & Multi Drug Resistance (MDR) Detection	PCRmtbMDR1
<input type="checkbox"/>	61028152 PCR for MTB & Non-Tuberculosis Mycobacterium (NTM) Detection	PCRmtbNTM1
<input type="checkbox"/>	61028155 PCR MTB, Multi-Drug & Extensive Drug Resistance Detection	PCRmtbXMR1
<input type="checkbox"/>	61028180 PCR MTB & NTM Detection for FFPE Tissue Block	PCRmtbNTM2
<input type="checkbox"/>	61020115 Rapid PCR for Detection of MTB DNA and Rifampicin Resistance	PCRtbRIFrp

RAPID TEST		
CHARGE CODE	TEST NAME	LIS CODE
<input checked="" type="checkbox"/>	61020043 Adenovirus Antigen, Stool	AdenoAg

MICROSCOPY TEST		
CHARGE CODE	TEST NAME	LIS CODE
<input checked="" type="checkbox"/>	61020014 AFB Stain	AFBds
<input type="checkbox"/>	61020046 Direct Microscopy (Wet Preparation)	Wetprep
<input type="checkbox"/>	61020048 Gram Stain	GramDS
<input type="checkbox"/>	61020013 Indian Ink Stain	CSFInk
<input type="checkbox"/>	61020007 KOH Preparation for Fungal	ME
<input type="checkbox"/>	61060007 Stool Ova & Cyst	SIMe
<input type="checkbox"/>	61020175 TB Auramine O Fluorescent Stain	AFBAuOsS

OTHER TEST (Please specify):

--

DETAILS

*Details of Culture & Sensitivity Test

Fungal Culture (CF)

Ear & Eye specimen;
Environmental sampling (ENV);
Nasal, Axilla, Groin & Rectal swab;
Skin, Hair & Nails;
Throat, Genital & Urine

Fungal Culture (CF1)

Sputum, Bronchial Lavage, Tracheal Aspirate;
Sterile Body Sites:-
Maxillary Sinus, Biopsy, Polyps, Cystic Masses, Tissue, Wound Specimen, CSF, Peritoneal Fluid, Pleural Effusion, Synovial Fluid, Knee Aspirate, Blood Culture, Bone, Pus, Abscess, Aspirate etc.

Stool Culture & Sensitivity Panel 1 (Basic Bacterial Enteric Pathogen)

Salmonella species;
Salmonella typhi;
Shigella species;
Vibrio cholerae;
Vibrio parahaemolyticus

Carbapenem Resistant Enterobacteriaceae (CRE)

Carba-NP enzymatic detection;
Etest to determine minimum inhibitory concentration

Alert Organism Screening

Methicilin Resistant *Staphylococcus aureus* (MRSA);
Extended Spectrum Beta-Lactamase (ESBL) microorganism;
Carbapenem Resistant Enterobacteriaceae (CRE);
Multidrug Resistant (MDR) *Acinetobacter baumannii/Pseudomonas aeruginosa*;
Extremely Drug Resistant (XDR) *Acinetobacter baumannii/Pseudomonas aeruginosa*;
Vancomycin Resistant Enterococcus (VRE)

Specimen Details (Marked with "2" and "3")

²**Sterile Body Fluid:**

Bone marrow
Knee aspirate
Liver abscess
Peritoneal fluid
Pleural fluid
Pus aspirate
Pericardial fluid
Synovial fluid

³**Kindly use anaerobic transport media:**

Cooked Meat Broth

FOR LAB USE ONLY

Lab. No.
Barcode Here

Primary Receiving Information

Secondary Receiving Information

Date Received: _____

Date Received: _____

Time Received: _____

Time Received: _____

Sample Temp. (°C) upon Receiving: _____

Received by: _____

Received by: _____

Additional Information:

FOR LAB USE ONLY

*Please check (✓) and fill in the appropriate box

Specimen Registration by: _____

Specimen Batch Registration by: _____

Specimen Processed by: _____

MACROSCOPIC EXAMINATION

Urine Specimen

Colour: Yellow Brown Blood Stain
 Amber Green Other: _____

Turbidity: Clear Cloudy

Sputum Specimen

Appearance: Purulent Mucoid Salivary
 Mucopurulent Mucosalivary Contains Blood

Stool Specimen

Consistency (Based on Bristol Stool Chart):



Type 1



Type 2



Type 3



Type 4



Type 5



Type 6



Type 7

Blood Stain: Not Seen Seen

Mucous: Not Seen Seen

MICROSCOPIC EXAMINATION

Wet Preparation:

WBC: _____; Unit: μL/mL /hpf

RBC: _____; Unit: μL/mL /hpf

Epithelial Cell: Not Seen Occ. 1+ 2+ 3+

Bacteria: Not Seen Occ. 1+ 2+ 3+

Monilia: Not Seen Seen

Trichomonas vaginalis: Not Seen Seen

Gram Stain:

Polymorph: _____ /hpf

Epithelial Cell (Sputum, B. Lavage, Tracheal Asp.): _____ /hpf

Epithelial Cell (Genital Specimen):

Not Seen Occ. 1+ 2+ 3+

Gram Negative Intracellular Diplococci: Not Seen Seen

Clue Cell: Not Seen Seen

Monilia: Not Seen Seen

Gram Positive Cocci: Not Seen Seen

Gram Positive Rod: Not Seen Seen

Gram Negative Rod: Not Seen Seen

AFB Stain: Not Seen (0 AFB /300 hpf)
 _____ /100 hpf (1 - 9 AFB /100 hpf)
 1+ (10 - 99 AFB /100 hpf)
 2+ (1 - 10 AFB in each hpf /50 hpf)
 3+ (>10 AFB in each hpf /20 hpf)

INCUBATION INFORMATION

Date & Time Start: _____

Date & Time End: _____

Duration (Hours): _____

