

Lab barcode label

Clinical Microbiology Request Form

Collection Date: _____ Time: _____ Requesting Clinician: _____

Type of Specimen (For viral investigations, please place specimen in viral transport medium.)

<input type="checkbox"/> Abscess / Pus (specify site)	CSF	Respiratory	Swab	<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> LP <input type="checkbox"/> EVD	<input type="checkbox"/> Sputum (Day 1)	<input type="checkbox"/> Ear <input type="checkbox"/> L <input type="checkbox"/> R	
Aspirate	<input type="checkbox"/> VP <input type="checkbox"/> VA Shunt	<input type="checkbox"/> Sputum (Day 2)	<input type="checkbox"/> Eye <input type="checkbox"/> L <input type="checkbox"/> R	
<input type="checkbox"/> Nasopharyngeal		<input type="checkbox"/> Bronchial Aspirate	<input type="checkbox"/> Nasal	
<input type="checkbox"/> Gastric	Enteric	<input type="checkbox"/> Bronchoalveolar lavage	<input type="checkbox"/> Nasopharyngea	
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Stool	<input type="checkbox"/> Endotracheal aspirate	<input type="checkbox"/> Pernasal	
<input type="checkbox"/> Biopsy (specify site)	<input type="checkbox"/> Rectal swab	<input type="checkbox"/> Tracheal aspirate	<input type="checkbox"/> Oral	
<input type="checkbox"/> Bone (Specify site)	Fluid	<input type="checkbox"/> Tissue (specify)	<input type="checkbox"/> Throat	
	<input type="checkbox"/> Ascitic		<input type="checkbox"/> Endocervical	
	<input type="checkbox"/> Pericardial	Urine	<input type="checkbox"/> High vaginal	
<input type="checkbox"/> Bile (specify site)	<input type="checkbox"/> Peritoneal	<input type="checkbox"/> Bag urine	<input type="checkbox"/> Urethral	
	<input type="checkbox"/> Peritoneal dialysis	<input type="checkbox"/> CSU (indwelling)	<input type="checkbox"/> Peritoneal	
Blood	<input type="checkbox"/> Pleural	<input type="checkbox"/> CSU (cath once)	<input type="checkbox"/> Placental	
<input type="checkbox"/> Blood culture	<input type="checkbox"/> Joint	<input type="checkbox"/> EMU (For AFB only)	<input type="checkbox"/> Umbilical	
<input type="checkbox"/> Clotted blood	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> MSU	<input type="checkbox"/> Ulcer	
<input type="checkbox"/> EDTA blood	Intravascular catheter	<input type="checkbox"/> Suprapubic urine	<input type="checkbox"/> Superficial wound	
<input type="checkbox"/> Serum	<input type="checkbox"/> Broviac/ Hickman	<input type="checkbox"/> Nephrostomy urine	<input type="checkbox"/> Deep wound	
<input type="checkbox"/> Plasma	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Ureteric urine	<input type="checkbox"/> Skin	
			<input type="checkbox"/> Vesicle	
			<input type="checkbox"/> Other (specify)	
		<input type="checkbox"/> Water Sample (specify)		

Bacteriological, Mycological and Parasitological Investigations

Smear	Culture and Sensitivity	Parasites	Urine
<input type="checkbox"/> Acid-fast Bacilli	<input type="checkbox"/> Acid-fast bacilli	<input type="checkbox"/> Amoebae	<input type="checkbox"/> Routine and Microscopy
<input type="checkbox"/> Bacteria	<input type="checkbox"/> Aerobic bacteria	<input type="checkbox"/> Ova & Cysts	<input type="checkbox"/> S. pneumoniae antigen
<input type="checkbox"/> Fungi	<input type="checkbox"/> Anaerobic bacteria	<input type="checkbox"/> Pneumocystis (PCP)	<input type="checkbox"/> Legionella antigen
<input type="checkbox"/> India ink (CSF)	<input type="checkbox"/> Bordetella pertussis	<input type="checkbox"/> Scabies	
	<input type="checkbox"/> Clostridium difficile	<input type="checkbox"/> Trichomonas and Monilia	<input type="checkbox"/> CSF cryptococcal antigen
	<input type="checkbox"/> Fungi	<input type="checkbox"/> Others (specify)	<input type="checkbox"/> Others (specify)
	<input type="checkbox"/> GBS Screening		
	<input type="checkbox"/> Legionella spp.		
	<input type="checkbox"/> Neisseria gonorrhoeae		
	<input type="checkbox"/> Others (specify)		

Virological Investigations Antigen detection

Respiratory viruses (IF)

Influenza A/B antigen (rapid)

CMV pp65 (IF)

HSV (IF)

VZV (IF)

Rotavirus/Adenovirus antigen (rapid)

Others (specify)

Rapid Molecular diagnostics

CSF Meningitis/Encephalitis panel (FilmArray)

Gastrointestinal panel(FilmArray)

Norovirus antigen rapid test (GeneXpert)

Clostridium difficile cytotoxin A/B (GeneXpert)

Respiratory viruses panel (FilmArray)

Influenza A/B, RSV antigen (GeneXpert)

Others (specify)

MTB/RIF resistance (GeneXpert)

C. trachomatis/N. gonorrhoeae (GeneXpert)

MDRO

CRE (GeneXpert)

MRSA (GeneXpert)

VRE (GeneXpert)

Serological Investigations

Bacterial	<input type="checkbox"/> Widal	Viral	<input type="checkbox"/> Others (specify)
<input type="checkbox"/> Antistreptolysin-O test	<input type="checkbox"/> Brucella	<input type="checkbox"/> Anti-CMV, IgG	<input type="checkbox"/> Anti-HSV 1, IgG
<input type="checkbox"/> Toxoplasma antibody, IgG	<input type="checkbox"/> Others (specify)	<input type="checkbox"/> Anti-HAV, IgM	<input type="checkbox"/> Anti-HSV 2, IgG
<input type="checkbox"/> Cryptococcal antigen		<input type="checkbox"/> Anti-HBs	<input type="checkbox"/> HIV I & II Ab and P24 antigen
<input type="checkbox"/> Toxoplasma antibody, IgG		<input type="checkbox"/> HBsAg	<input type="checkbox"/> Anti-Rubella, IgG
<input type="checkbox"/> RPR		<input type="checkbox"/> Anti-HBc, IgM	<input type="checkbox"/> Anti-Rubella, IgM
<input type="checkbox"/> TPPA		<input type="checkbox"/> Anti-HBc, Total	<input type="checkbox"/> Anti-VZV, IgG
<input type="checkbox"/> Procalcitonin rapid test		<input type="checkbox"/> Anti-HBe	<input type="checkbox"/> Others (specify)
<input type="checkbox"/> Urine pregnancy test		<input type="checkbox"/> HBeAg	
		<input type="checkbox"/> Anti-HCV	