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| **MICROBIOLOGY LABORATORY REQUEST FORM** |  |  |
|  |  | **LAB No.** |
|  |  |

**Patient’s Particular/ *Maklumat Pesakit***

|  |  |  |
| --- | --- | --- |
| RN No. / *No. RN* | Admission Date / *Tarikh Masuk Wad* | Ward / *Wad* |
| Name / *Nama* | | Passport No/NRIC / *No. Pasport/ No. K/P* |
| Age / *Umur* | | Gender / *Jantina*   Male / *Lelaki*  Female / *Perempuan* |
| Race / *Bangsa* | | Phone No. / *No. tel* |

**Specimen Source/ *Sumber Spesimen* Test Requested / *Permohonan Ujian***

(Please specify) \_  Sputum

 Blood  Stool

 Body Fluid  Tissue

 CSF  Others

 High Vaginal swab

 Midstream Urine

 Non-Midstream Urine

 Pus

 Aspirate

Please specify

**Clinical History / *Ringkasan Klinikal***

**Antimicrobial Treatment / *Rawatan Antibiotik***

# Diagnosis

Time:

**Specimen Taken from Patient**

Date:

Sign & Stamp:

**Requesting Doctor/Authorized Requester**

Name: Date:



**Kegunaan Makmal Mikrobiologi sahaja**

**Date :**

**India ink**

No encapsulated yeast seen Encapsulated yeast seen

**AFB stain**

No AFB seen AFB seen

**Gram stain**

Pus cell :

Epithelial cell :

Yeast :

Organism :

**Cell count**

WBC count :

RBC :

Epithelial cell :

Bacteria :

Yeast :

Others :

**Appearance**

Clear/Turbid/Xantochromic/Blood stained/Purulent/Mucopurulent/Saliva

**Others:**

Sub on :

# Date :