



Laboratory Request Form

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Bacteriology

Name..... Sex M F Age.....yrs. Clinic/Ward.....

HIS Lab No.

HN..... AN..... Requested by / Code..... Diagnosis.....

MB.....

SPECIMEN : Must be filled in completely : Collection Date Time By

Blood <input type="checkbox"/> Clotted <input type="checkbox"/> serum	Gastrointestinal tract <input type="checkbox"/> Stool <input type="checkbox"/> Rectal swab <input type="checkbox"/> Gastric content Urinary tract <input type="checkbox"/> Urine: midstream, bag, indwelling catheter (e.g. Foley) <input type="checkbox"/> Urine: intermittent catheter, suprapubic aspiration Upper respiratory tract <input type="checkbox"/> Nasal swab <input type="checkbox"/> Throat swab <input type="checkbox"/> Nasopharyngeal swab <input type="checkbox"/> Sinus washing/discharge Lower respiratory tract <input type="checkbox"/> Bronchoalveolar brushing/washing/lavage (BAL) <input type="checkbox"/> Endotracheal aspirate (ETA) <input type="checkbox"/> Sputum	Genitourinary tract <input type="checkbox"/> Cervical swab <input type="checkbox"/> Vaginal swab <input type="checkbox"/> Urethral swab Tissue <input type="checkbox"/> Aspirate <input type="checkbox"/> Autopsy <input type="checkbox"/> Biopsy Specify site(ระบุ) Miscellaneous <input type="checkbox"/> Water <input type="checkbox"/> Isolated bacteria <input type="checkbox"/> Skin <input type="checkbox"/> Tip, catheter <input type="checkbox"/> Milk <input type="checkbox"/> Wound/Abscess/Discharge Specify site(ระบุ) <input type="checkbox"/> Others(ระบุ)
<input type="checkbox"/> EDTA <input type="checkbox"/> Heparin <input type="checkbox"/> Hemoculture ระบุ <input type="checkbox"/> Central <input type="checkbox"/> Peripheral Body fluid <input type="checkbox"/> Ascitic fluid <input type="checkbox"/> Pericardial fluid <input type="checkbox"/> Bile <input type="checkbox"/> Peritoneal dialysate <input type="checkbox"/> Bone marrow <input type="checkbox"/> Pleural fluid <input type="checkbox"/> CSF <input type="checkbox"/> Synovial fluid Eye <input type="checkbox"/> Aqueous fluid <input type="checkbox"/> Conjunctival swab <input type="checkbox"/> Corneal scraping <input type="checkbox"/> Vitreous fluid		

Direct Examination	Mycobacterium
<input type="checkbox"/> MB015 Gram stain <input type="checkbox"/> MB004 AFB stain <input type="checkbox"/> MB026 Modified AFB stain <input type="checkbox"/> MB027 Giemsa stain (<i>Chlamydia trachomatis</i> inclusion bodies; only corneal scraping)	<input type="checkbox"/> MB002 <i>Mycobacterium</i> culture and AST ¹ (Automate: I,R,S,E) <input type="checkbox"/> MB029 <i>Mycobacterium</i> culture: Blood, body fluid <input type="checkbox"/> MB072 MTBC ⁶ : AST (Automate: I,R,S,E) <input type="checkbox"/> MB074 MTBC : AST (Automate: Z) <input type="checkbox"/> MB073 MTBC : AST 2 nd line (MIC Plate, 12 drugs) <input type="checkbox"/> MB066 Rapid growing NTM ⁵ : AST (MIC Plate) <input type="checkbox"/> MB075 Slow growing NTM : AST (MIC Plate) <input type="checkbox"/> MB068 Identification of <i>Mycobacterium</i> species (Line probe assay) ³ <input type="checkbox"/> MB071 <i>Mycobacterium</i> identification by base sequencing <input type="checkbox"/> MB076 MTBC: Identification and genotypic AST for I and R (Line probe assay) <input type="checkbox"/> MB077 MTBC : Genotypic AST 2 nd line (Line probe assay) <input type="checkbox"/> MB020 PCR for MTBC <input type="checkbox"/> MB083 MTBC and Rifampin resistance detection, Xpert MTB/RIF <input type="checkbox"/> MI183 QuantiFERON-TB Gold**
Culture	
<input type="checkbox"/> MB001 Aerobic culture with AST ¹ (except blood) <input type="checkbox"/> MB005 Anaerobic culture <input type="checkbox"/> MB059 Blood culture, aerobe <input type="checkbox"/> MB060 Blood culture, anaerobe <input type="checkbox"/> MB006 <i>Bordetella pertussis</i> culture ² <input type="checkbox"/> MB007 <i>Campylobacter</i> culture <input type="checkbox"/> MB014 <i>Corynebacterium diphtheriae</i> culture ² <input type="checkbox"/> MB018 MIC : agent (s) ²	
Mycoplasma	Legionella
<input type="checkbox"/> MB019 <i>Mycoplasma pneumoniae</i> culture <input type="checkbox"/> MB032 PCR for <i>Mycoplasma pneumoniae</i> <input type="checkbox"/> MI053 <i>M. pneumoniae</i> Ab titer <input type="checkbox"/> MI100 <i>M. pneumoniae</i> Ab : IgG (Qualitative) <input type="checkbox"/> MI101 <i>M. pneumoniae</i> Ab : IgM (Qualitative)	<input type="checkbox"/> MB041 <i>Legionella</i> culture ² <input type="checkbox"/> MB050 <i>Legionella</i> culture from water ² <input type="checkbox"/> MB081 <i>Legionella pneumophila</i> antigen detection
Helicobacter	Leptospira
<input type="checkbox"/> MB016 <i>Helicobacter</i> culture <input type="checkbox"/> MI075 <i>H.pylori</i> Ab	<input type="checkbox"/> MB017 <i>Leptospira</i> culture ² <input type="checkbox"/> MB069 PCR for <i>Leptospira</i> spp. <input type="checkbox"/> MI236 <i>Leptospira</i> Ab : IgG/IgM
Chlamydia/Chlamydophila	Typhus
<input type="checkbox"/> MB008 <i>C. trachomatis</i> culture <input type="checkbox"/> MB010 <i>C. pneumoniae</i> IgG (MIF) <input type="checkbox"/> MB011 <i>C. pneumoniae</i> IgM (MIF) <input type="checkbox"/> MB036 <i>C. psittaci</i> IgG (MIF) <input type="checkbox"/> MB037 <i>C. psittaci</i> IgM (MIF) <input type="checkbox"/> MB034 <i>C. trachomatis</i> IgG (MIF) <input type="checkbox"/> MB035 <i>C. trachomatis</i> IgM (MIF) <input type="checkbox"/> MB012 <i>Chlamydia/Chlamydophila</i> IgA for species <input type="checkbox"/> MB045 PCR for <i>C. pneumoniae</i>	<input type="checkbox"/> MI058 Weil-Felix test <input type="checkbox"/> MI133 Murine typhus Ab : IgG <input type="checkbox"/> MI076 Scrub typhus Ab : IgG <input type="checkbox"/> MI134 Murine typhus Ab : IgM <input type="checkbox"/> MI077 Scrub typhus Ab : IgM <input type="checkbox"/> MB070 PCR for <i>Orientia tsutsugamushi</i> (scrub typhus)
Clostridioides (Clostridium) difficile	Others
<input type="checkbox"/> MB013 <i>Clostridium difficile</i> toxin A&B <input type="checkbox"/> MB082 <i>Clostridioides (Clostridium) difficile</i> Toxin, Molecular Detection	<input type="checkbox"/> MB065 Bacterial identification by base sequencing <input type="checkbox"/> MB052 Colony count (Membrane filter method) <input type="checkbox"/> MB051 Colony count (Spread plate method) <input type="checkbox"/> MB062 Quantitative culture (BAL/ETA) <input type="checkbox"/> MB022 Special identification of bacteria <input type="checkbox"/> MB079 Multiplex real-time PCR for Sexually Transmitted Bacteria <input type="checkbox"/> MB080 <i>Streptococcus pneumoniae</i> antigen detection <input type="checkbox"/> MB085 Blood Culture Nucleic Acid Test (Film Array)

1 - AST = Antimicrobial Susceptibility Test 2 - กรุณาติดต่อห้องปฏิบัติการทุกครั้งก่อนส่งตรวจ 3 - ตัวอย่าง : isolated organism
4 - ตัวอย่าง : AFB-positive specimen 5 - NTM = Non-tuberculous mycobacteria 6 MTBC = *Mycobacterium tuberculosis* complex
คำแนะนำในการเก็บตัวอย่างส่งตรวจ -- กรุณาดูรายละเอียดในคู่มือสิ่งส่งตรวจ -- ** QuantiFERON-TB Gold ใช้เลือด Heparinized Blood 3-5 ml 2 หลอด