



# Laboratory Request Form (สำหรับผู้ป่วยบริการภายนอก)

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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 .....

<b>Blood</b> <input type="checkbox"/> Clotted <input type="checkbox"/> serum .....	<b>Gastrointestinal tract</b> <input type="checkbox"/> Stool <input type="checkbox"/> Rectal swab <input type="checkbox"/> Gastric content <b>Urinary tract</b> <input type="checkbox"/> Urine: midstream, bag, indwelling catheter (e.g. Foley) <input type="checkbox"/> Urine: intermittent catheter, suprapubic aspiration <b>Upper respiratory tract</b> <input type="checkbox"/> Nasal swab <input type="checkbox"/> Throat swab <input type="checkbox"/> Nasopharyngeal swab <input type="checkbox"/> Sinus washing/discharge <b>Lower respiratory tract</b> <input type="checkbox"/> Bronchoalveolar brushing/washing/lavage (BAL) <input type="checkbox"/> Endotracheal aspirate (ETA) <input type="checkbox"/> Sputum	<b>Genitourinary tract</b> <input type="checkbox"/> Cervical swab <input type="checkbox"/> Vaginal swab <input type="checkbox"/> Urethral swab <b>Tissue</b> <input type="checkbox"/> Aspirate <input type="checkbox"/> Autopsy <input type="checkbox"/> Biopsy Specify site .....(ระบุ) <b>Miscellaneous</b> <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 <b>Body fluid</b> <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 <b>Eye</b> <input type="checkbox"/> Aqueous fluid <input type="checkbox"/> Conjunctival swab <input type="checkbox"/> Corneal scraping <input type="checkbox"/> Vitreous fluid		

<b>Direct Examination</b>	<b>Mycobacterium</b>
<input type="checkbox"/> EMB015 Gram stain <input type="checkbox"/> EMB004 AFB stain <input type="checkbox"/> EMB026 Modified AFB stain <input type="checkbox"/> EMB027 Giemsa stain ( <i>Chlamydia trachomatis</i> inclusion bodies; only corneal scraping)	<input type="checkbox"/> EMB002 <i>Mycobacterium</i> culture and AST <sup>1</sup> (Automate: I,R,S,E) <input type="checkbox"/> EMB029 <i>Mycobacterium</i> culture: Blood, body fluid <input type="checkbox"/> EMB072 MTBC <sup>6</sup> : AST (Automate: I,R,S,E) <input type="checkbox"/> EMB074 MTBC : AST (Automate: Z) <input type="checkbox"/> EMB073 MTBC : AST 2 <sup>nd</sup> line (MIC Plate, 12 drugs) <input type="checkbox"/> EMB066 Rapid growing NTM <sup>5</sup> : AST (MIC Plate) <input type="checkbox"/> EMB075 Slow growing NTM : AST (MIC Plate) <input type="checkbox"/> EMB068 Identification of <i>Mycobacterium</i> species (Line probe assay) <sup>3</sup> <input type="checkbox"/> EMB071 <i>Mycobacterium</i> identification by base sequencing <input type="checkbox"/> EMB076 MTBC: Identification and genotypic AST for I and R (Line probe assay) <input type="checkbox"/> EMB077 MTBC : Genotypic AST 2 <sup>nd</sup> line (Line probe assay) <input type="checkbox"/> EMB020 PCR for MTBC <input type="checkbox"/> EMB083 MTBC and Rifampin resistance detection, Xpert MTB/RIF <input type="checkbox"/> EMI183 QuantiFERON-TB Gold**
<b>Culture</b>	<b>Legionella</b>
<input type="checkbox"/> EMB001 Aerobic culture with AST <sup>1</sup> (except blood) <input type="checkbox"/> EMB005 Anaerobic culture <input type="checkbox"/> EMB059 Blood culture, aerobe <input type="checkbox"/> EMB060 Blood culture, anaerobe <input type="checkbox"/> EMB006 <i>Bordetella pertussis</i> culture <sup>2</sup> <input type="checkbox"/> EMB007 <i>Campylobacter</i> culture <input type="checkbox"/> EMB014 <i>Corynebacterium diphtheriae</i> culture <sup>2</sup> <input type="checkbox"/> EMB018 MIC : agent (s) ..... <sup>2</sup>	<input type="checkbox"/> EMB041 <i>Legionella</i> culture <sup>2</sup> <input type="checkbox"/> EMB050 <i>Legionella</i> culture from water <sup>2</sup> <input type="checkbox"/> EMB081 <i>Legionella pneumophila</i> antigen detection
<b>Mycoplasma</b>	<b>Leptospira</b>
<input type="checkbox"/> EMB019 <i>Mycoplasma pneumoniae</i> culture <input type="checkbox"/> EMB032 PCR for <i>Mycoplasma pneumoniae</i> <input type="checkbox"/> EMI053 <i>M. pneumoniae</i> Ab titer <input type="checkbox"/> EMI100 <i>M. pneumoniae</i> Ab : IgG (Qualitative) <input type="checkbox"/> EMI101 <i>M. pneumoniae</i> Ab : IgM (Qualitative)	<input type="checkbox"/> EMB017 <i>Leptospira</i> culture <sup>2</sup> <input type="checkbox"/> EMB069 PCR for <i>Leptospira</i> spp. <input type="checkbox"/> EMI236 <i>Leptospira</i> Ab : IgG/IgM
<b>Helicobacter</b>	<b>Typhus</b>
<input type="checkbox"/> EMB016 <i>Helicobacter</i> culture <input type="checkbox"/> EMI075 <i>H.pylori</i> Ab	<input type="checkbox"/> EMI058 Weil-Felix test <input type="checkbox"/> EMI133 Murine typhus Ab : IgG <input type="checkbox"/> EMI076 Scrub typhus Ab : IgG <input type="checkbox"/> EMI134 Murine typhus Ab : IgM <input type="checkbox"/> EMI077 Scrub typhus Ab : IgM <input type="checkbox"/> EMB070 PCR for <i>Orientia tsutsugamushi</i> (scrub typhus)
<b>Chlamydia/Chlamydophila</b>	<b>Others</b>
<input type="checkbox"/> EMB008 <i>C. trachomatis</i> culture <input type="checkbox"/> EMB010 <i>C. pneumoniae</i> IgG (MIF) <input type="checkbox"/> EMB011 <i>C. pneumoniae</i> IgM (MIF) <input type="checkbox"/> EMB036 <i>C. psittaci</i> IgG (MIF) <input type="checkbox"/> EMB037 <i>C. psittaci</i> IgM (MIF) <input type="checkbox"/> EMB034 <i>C. trachomatis</i> IgG (MIF) <input type="checkbox"/> EMB035 <i>C. trachomatis</i> IgM (MIF) <input type="checkbox"/> EMB012 <i>Chlamydia/Chlamydophila</i> IgA for species ..... <input type="checkbox"/> EMB045 PCR for <i>C. pneumoniae</i>	<input type="checkbox"/> EMB065 Bacterial identification by base sequencing <input type="checkbox"/> EMB052 Colony count (Membrane filter method) <input type="checkbox"/> EMB051 Colony count (Spread plate method) <input type="checkbox"/> EMB062 Quantitative culture (BAL/ETA) <input type="checkbox"/> EMB022 Special identification of bacteria <input type="checkbox"/> EMB079 Multiplex real-time PCR for Sexually Transmitted Bacteria <input type="checkbox"/> EMB080 <i>Streptococcus pneumoniae</i> antigen detection <input type="checkbox"/> EMB085 Blood Culture Nucleic Acid Test (Film Array)
<b>Clostridioides (Clostridium) difficile</b>	
<input type="checkbox"/> EMB013 <i>Clostridium difficile</i> toxin A&B <input type="checkbox"/> EMB082 <i>Clostridioides (Clostridium) difficile</i> Toxin, Molecular Detection	

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