



Laboratory Request Form

Department of Microbiology, King Chulalongkorn Memorial Hospital

1873 Rama IV Rd., Pathumwan District, Bangkok 10330, Thailand Tel. 0-2256-4132 Fax 0-2252-5952

Mycology

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

HIS Lab No.

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

MF.....

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

Blood <input type="checkbox"/> Clotted <input type="checkbox"/> Serum <input type="checkbox"/> EDTA <input type="checkbox"/> Plasma <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"/> Vitreous fluid <input type="checkbox"/> Corneal scraping <input type="checkbox"/> Conjunctival swab	Gastrointestinal tract <input type="checkbox"/> Stool <input type="checkbox"/> Rectal swab <input type="checkbox"/> Gastric content Genitourinary tract <input type="checkbox"/> Cervical swab <input type="checkbox"/> Vaginal swab Upper respiratory tract <input type="checkbox"/> Nasal swab <input type="checkbox"/> Nasopharyngeal swab <input type="checkbox"/> Sinus washing/discharge <input type="checkbox"/> Throat swab Lower respiratory tract <input type="checkbox"/> Bronchoalveolar brushing/washing/lavage (BAL) <input type="checkbox"/> Endotracheal aspirate (ETA) <input type="checkbox"/> Sputum	Tissue <input type="checkbox"/> Aspirate <input type="checkbox"/> Autopsy <input type="checkbox"/> Biopsy Specify site (ระบุ) Urinary tract <input type="checkbox"/> Urine <input type="checkbox"/> Suprapubic aspirate Miscellaneous <input type="checkbox"/> Isolated bacteria <input type="checkbox"/> Hair <input type="checkbox"/> Isolated fungus <input type="checkbox"/> Skin <input type="checkbox"/> Tip, catheter <input type="checkbox"/> Nail <input type="checkbox"/> Water <input type="checkbox"/> Wound/Abscess/Discharge Specify site (ระบุ) <input type="checkbox"/> Others (ระบุ)
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Direct Examination <input type="checkbox"/> MF013 Gomori's methenamine silver nitrate (GMS) stain <input type="checkbox"/> MF005 India ink preparation <input type="checkbox"/> MF006 KOH preparation <input type="checkbox"/> MF010 Wright stain for fungus	Susceptibility Test <input type="checkbox"/> MF016 Etest : Amphotericin B ² <input type="checkbox"/> MF020 Etest : Itraconazole ² <input type="checkbox"/> MF017 Etest : Caspofungin ² <input type="checkbox"/> MF021 Etest : Voriconazole ² <input type="checkbox"/> MF018 Etest : Fluconazole ² <input type="checkbox"/> MF030 Etest : Posaconazole ² <input type="checkbox"/> MF019 Etest : Ketoconazole ² <input type="checkbox"/> MF032 Sensititre for fungal susceptibility panel ²
Culture <input type="checkbox"/> MF022 Blood culture for fungus (Automated) <input type="checkbox"/> MF003 Fungus culture	Others <input type="checkbox"/> MF014 Mold identification (Conventional) <input type="checkbox"/> MF015 Yeast identification <input type="checkbox"/> MF027 Fungal PCR from clinical specimen <input type="checkbox"/> MF028 Fungal PCR from pure culture <input type="checkbox"/> MF029 (1→3)-β-D-Glucan assay
Serology <input type="checkbox"/> MF026 <i>Aspergillus</i> galactomannan antigen (EIA) <input type="checkbox"/> MF001 <i>Cryptococcus</i> antigen (LA) <input type="checkbox"/> MF031 <i>Pythium insidiosum</i> Ab	



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IMMUNOLOGY

Others Infectious Ag/Ab <input type="checkbox"/> MI098 Anti-DNase B <input type="checkbox"/> MI054 ASO <input type="checkbox"/> MI061 Bacterial antigens [<i>Streptococcus</i> group B, <i>E.coli</i> K1, <i>H.influenzae</i> type B, <i>S.pneumoniae</i> , <i>N.meningitidis</i>] <input type="checkbox"/> MI052 Cold agglutinin <input type="checkbox"/> MI060 Melioid Ab <input type="checkbox"/> MI057 Widal test <input type="checkbox"/> MI199 Anti-tetanus <input type="checkbox"/> MI216 Anti <i>Diphtheria</i> Toxoid IgG <input type="checkbox"/> MI217 Anti <i>Bordetella pertussis</i> Toxin igG <input type="checkbox"/> MI218 Anti <i>Bordetella</i> FHA IgG

2 - กรุณาติดต่อกับห้องปฏิบัติการทุกครั้งก่อนส่งตรวจ คำแนะนำในการเก็บตัวอย่างส่งตรวจ -- กรุณาดูรายละเอียดในคู่มือสิ่งส่งตรวจ --