



# Laboratory Request Form (สำหรับผู้ป่วยบริการภายนอก)

Department of Microbiology, King Chulalongkorn Memorial Hospital

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**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 .....

<b>Blood</b> <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 <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"/> Vitreous fluid <input type="checkbox"/> Corneal scraping <input type="checkbox"/> Conjunctival swab	<b>Gastrointestinal tract</b> <input type="checkbox"/> Stool <input type="checkbox"/> Rectal swab <input type="checkbox"/> Gastric content <b>Genitourinary tract</b> <input type="checkbox"/> Cervical swab <input type="checkbox"/> Vaginal swab <b>Upper respiratory tract</b> <input type="checkbox"/> Nasal swab <input type="checkbox"/> Nasopharyngeal swab <input type="checkbox"/> Sinus washing/discharge <input type="checkbox"/> Throat swab <b>Lower respiratory tract</b> <input type="checkbox"/> Bronchoalveolar brushing/washing/lavage (BAL) <input type="checkbox"/> Endotracheal aspirate (ETA) <input type="checkbox"/> Sputum	<b>Tissue</b> <input type="checkbox"/> Aspirate <input type="checkbox"/> Autopsy <input type="checkbox"/> Biopsy Specify site ..... (ระบุ) <b>Urinary tract</b> <input type="checkbox"/> Urine <input type="checkbox"/> Suprapubic aspirate <b>Miscellaneous</b> <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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<b>Direct Examination</b>	<b>Susceptibility Test</b>
<input type="checkbox"/> EMF013 Gomori's methenamine silver nitrate (GMS) stain <input type="checkbox"/> EMF005 India ink preparation <input type="checkbox"/> EMF006 KOH preparation <input type="checkbox"/> EMF010 Wright stain for fungus	<input type="checkbox"/> EMF016 Etest : Amphotericin B <sup>2</sup> <input type="checkbox"/> EMF019 Etest : Ketoconazole <sup>2</sup> <input type="checkbox"/> EMF017 Etest : Caspofungin <sup>2</sup> <input type="checkbox"/> EMF030 Etest : Posaconazole <sup>2</sup> <input type="checkbox"/> EMF018 Etest : Fluconazole <sup>2</sup> <input type="checkbox"/> EMF021 Etest : Voriconazole <sup>2</sup> <input type="checkbox"/> EMF020 Etest : Itraconazole <sup>2</sup> <input type="checkbox"/> EMF032 Sensititre for fungal susceptibility panel <sup>2</sup>
<b>Culture</b>	<b>Others</b>
<input type="checkbox"/> EMF022 Blood culture for fungus (Automated) <input type="checkbox"/> EMF003 Fungus culture	<input type="checkbox"/> EMF014 Mold identification (Conventional) <input type="checkbox"/> EMF015 Yeast identification <input type="checkbox"/> EMF027 Fungal PCR from clinical specimen <input type="checkbox"/> EMF028 Fungal PCR from pure culture <input type="checkbox"/> EMF029 (1→3)-β-D-Glucan assay
<b>Serology</b>	
<input type="checkbox"/> EMF026 <i>Aspergillus</i> galactomannan antigen (EIA) <input type="checkbox"/> EMF001 <i>Cryptococcus</i> antigen (LA) <input type="checkbox"/> EMF031 <i>Pythium insidiosum</i> Ab	



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**IMMUNOLOGY**

**Others Infectious Ag/Ab**

<input type="checkbox"/> EMI098 Anti-DNase B <input type="checkbox"/> EMI054 ASO <input type="checkbox"/> EMI061 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"/> EMI052 Cold agglutinin <input type="checkbox"/> EMI060 Melioid Ab <input type="checkbox"/> EMI057 Widal test <input type="checkbox"/> EMI199 Anti-tetanus <input type="checkbox"/> EMI216 Anti Diphtheria Toxoid IgG <input type="checkbox"/> EMI217 Anti Bordetella pertussis Toxin igG <input type="checkbox"/> EMI218 Anti Bordetella FHA IgG
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2 - กรุณาติดต่อห้องปฏิบัติการทุกครั้งก่อนส่งตรวจ คำแนะนำในการเก็บตัวอย่างส่งตรวจ -- กรุณาดูรายละเอียดในคู่มือสิ่งส่งตรวจ --