



Laboratory Request Form (สำหรับผู้รับบริการภายนอก)

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

<p>Blood</p> <p><input type="checkbox"/> Clotted <input type="checkbox"/> Serum</p> <p><input type="checkbox"/> EDTA <input type="checkbox"/> Plasma</p> <p><input type="checkbox"/> Hemoculture ระบุ <input type="checkbox"/> Central <input type="checkbox"/> Peripheral</p> <p>Body fluid</p> <p><input type="checkbox"/> Ascitic fluid <input type="checkbox"/> Pericardial fluid</p> <p><input type="checkbox"/> Bile <input type="checkbox"/> Peritoneal dialysate</p> <p><input type="checkbox"/> Bone marrow <input type="checkbox"/> Pleural fluid</p> <p><input type="checkbox"/> CSF <input type="checkbox"/> Synovial fluid</p> <p>Eye</p> <p><input type="checkbox"/> Aqueous fluid <input type="checkbox"/> Vitreous fluid</p> <p><input type="checkbox"/> Corneal scraping</p> <p><input type="checkbox"/> Conjunctival swab</p>	<p>Gastrointestinal tract</p> <p><input type="checkbox"/> Stool <input type="checkbox"/> Rectal swab <input type="checkbox"/> Gastric content</p> <p>Genitourinary tract</p> <p><input type="checkbox"/> Cervical swab <input type="checkbox"/> Vaginal swab</p> <p>Upper respiratory tract</p> <p><input type="checkbox"/> Nasal swab</p> <p><input type="checkbox"/> Nasopharyngeal swab</p> <p><input type="checkbox"/> Sinus washing/discharge</p> <p><input type="checkbox"/> Throat swab</p> <p>Lower respiratory tract</p> <p><input type="checkbox"/> Bronchoalveolar brushing/washing/lavage (BAL)</p> <p><input type="checkbox"/> Endotracheal aspirate (ETA)</p> <p><input type="checkbox"/> Sputum</p>	<p>Tissue</p> <p><input type="checkbox"/> Aspirate <input type="checkbox"/> Autopsy <input type="checkbox"/> Biopsy</p> <p>Specify site (ระบุ)</p> <p>Urinary tract</p> <p><input type="checkbox"/> Urine <input type="checkbox"/> Suprapubic aspirate</p> <p>Miscellaneous</p> <p><input type="checkbox"/> Isolated bacteria <input type="checkbox"/> Hair</p> <p><input type="checkbox"/> Isolated fungus <input type="checkbox"/> Skin</p> <p><input type="checkbox"/> Tip, catheter <input type="checkbox"/> Nail</p> <p><input type="checkbox"/> Water</p> <p><input type="checkbox"/> Wound/Abscess/Discharge</p> <p>Specify site (ระบุ)</p> <p><input type="checkbox"/> Others (ระบุ)</p>
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Direct Examination

- EMF013 Gomori's methenamine silver nitrate (GMS) stain
- EMF005 India ink preparation
- EMF006 KOH preparation
- EMF010 Wright stain for fungus

Susceptibility Test

- EMF016 Etest : Amphotericin B²
- EMF017 Etest : Caspofungin²
- EMF018 Etest : Fluconazole²
- EMF019 Etest : Ketoconazole²
- EMF020 Etest : Itraconazole²
- EMF021 Etest : Voriconazole²
- EMF030 Etest : Posaconazole²
- EMF032 Sensititre for fungal susceptibility panel²

Culture

- EMF022 Blood culture for fungus (Automated)
- EMF003 Fungus culture

Others

- EMF014 Mold identification (Conventional)
- EMF015 Yeast identification
- EMF027 Fungal PCR from clinical specimen
- EMF028 Fungal PCR from pure culture
- EMF029 (1→3)-β-D-Glucan assay

Serology

- EMF026 *Aspergillus* galactomannan antigen (EIA)
- EMF001 *Cryptococcus* antigen (LA)
- EMF031 *Pythium insidiosum* Ab



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IMMUNOLOGY

Others Infectious Ag/Ab

- EMI098 Anti-DNase B
- EMI054 ASO
- EMI061 Bacterial antigens [*Streptococcus* group B, *E.coli* K1, *H.influenzae* type B, *S.pneumoniae* , *N.meningitidis*]
- EMI052 Cold agglutinin
- EMI060 Melioid Ab
- EMI057 Widal test
- EMI199 Anti-tetanus
- EMI216 Anti *Diphtheria* Toxoid IgG
- EMI217 Anti *Bordetella pertussis* Toxin igG
- EMI218 Anti *Bordetella* FHA IgG

2 - กรุณาติดต่อห้องปฏิบัติการทุกครั้งก่อนส่งตรวจ

คำแนะนำในการเก็บตัวอย่างส่งตรวจ -- กรุณาดูรายละเอียดในคู่มือสิ่งส่งตรวจ --