



Leptospirosis Laboratory Request Form

IMR/IDRC/BACT/LEPTO/01

Bacteriology Unit,
Infectious Disease Research Centre (IDRC),
Institute For Medical Research (IMR),
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1. Demography

Name:		R/N :	
I/C No. :		Ward/Clinic :	Admission date:
Age :		Date of birth:	
Gender : <input type="checkbox"/> M <input type="checkbox"/> F	Race : <input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Others: <input type="checkbox"/> Foreigners :		Type of specimen : Date of collection :
Address		Outcome (please circle any that applicable): Alive/ Death/Discharge/AOR	

Underlying illness : DM ESRF on dialysis Pregnant HIV (CD4:..... , CD8:.....) Cardiovascular Heart Disease Hypertension
 Chronic Pulmonary Disease Others History of trauma/injury to skin/mucous membrane, site :

Symptoms and Signs	<input type="checkbox"/> Fever, day of illness:	<input type="checkbox"/> Abdominal Pain	<input type="checkbox"/> Hepatomegaly
	<input type="checkbox"/> Chills & Rigor	<input type="checkbox"/> Convulsion	<input type="checkbox"/> Lymphadenopathy
	<input type="checkbox"/> Headache	<input type="checkbox"/> Hemoptysis	<input type="checkbox"/> Sepsis (FBC:))
	<input type="checkbox"/> Conjunctival redness	<input type="checkbox"/> Nausea / Vomitting	<input type="checkbox"/> Intubated
	<input type="checkbox"/> Retro-orbital Pain	<input type="checkbox"/> Diarrhoea	<input type="checkbox"/> AKI
	<input type="checkbox"/> Arthralgia/myalgia	<input type="checkbox"/> Jaundice	<input type="checkbox"/> Liver failure

2. High Risk Social History

Occupation : Veterinarian Pet shop worker Laboratory worker Gardener Farmer Carpenter Forestry worker Abattoir worker
 Military personnel Others :

Contact with animals : Cat Dog Horse Cow Goat Mule Bird Pig Rat Others:.....

Exposure : Bathing / Swimming (location,date) Fishing (location, date)
 Hunting (location, date) Camping / Picnic (location,date)

3. Laboratory Tests

<input type="checkbox"/> Leptospiral Tests		
Date	Leptospira tests	Results
	Leptospira IgM Rapid Test	Positive / Negative
	Leptospira IgM ELISA	Positive / Negative/ (Titre if available:)
	Leptospira DNA PCR	Detected / Not detected
	Leptospira MAT (state all recent results)	Positive / Negative / Inconclusive (if positive or inconclusive, titer :))

4. Antibiotic treatment (if any)

Antimicrobial therapy (✓ tick all that was initiated for the treatment) :	Steroid therapy:
<input type="checkbox"/> Penicillin G <input type="checkbox"/> Ampicillin <input type="checkbox"/> Amoxicillin <input type="checkbox"/> Cefotaxime <input type="checkbox"/> Ceftriaxone <input type="checkbox"/> Azythromycin <input type="checkbox"/> Doxycycline <input type="checkbox"/> Tetracycline	<input type="checkbox"/> <input type="checkbox"/>

5. Test request: (Please tick one)	<input type="checkbox"/> Leptospira microagglutination test (MAT) (Please circle one: acute sera/paired sera/convalescent sera) Serum need to be separated & send at room temperature Note: Convalescent sera is 7-14 days apart from first positive MAT sample
	<input type="checkbox"/> Leptospira culture (1-2 drop whole blood or CSF in EMJH, fever lesser than 10 days, prior to antibiotics) Sample to be send room temperature
	<input type="checkbox"/> Leptospira PCR (blood in EDTA or CSF for case with fever lesser than 10 days, deep organ tissue) Note: urine is only accepted by consultation Sample must be sent in ice

6. Requester details

Date:
Signature and stamp