



1. Name:		2. R/N:	
3. I/C No.:		4. Ward/Clinic:	
5. Age:	Race:	6. Hospital:	
7. Gender: Male Female	8. Specimen type:		
9. Clinical history/Laboratory information:			
10. Diagnosis:			

11. Test Required: (Please tick appropriate test required)

No.	Test Name	Please tick	No.	Test Name	Please tick
1	Identification of anaerobic bacteria - Antibiotic susceptibility testing not offered		7	<i>Bordetella pertussis</i> PCR	
2	Identification of aerobic bacteria - Including PCR for 16S RNA, EHEC identification, Elek test and PCR for <i>B. pseudomallei</i>		8	Carbapenemase genes detection (CRE) - May include MIC Colistin and MCR-1 Gene Detection	
			9	Detection of <i>Burkholderia pseudomallei</i> IgM (Meliodosis)	
3	Antibiotic susceptibility testing - Not a standalone test, to proceed after aerobic bacterial identification test		10	Fungal tests - Please fill up Mycology request form	
			14	PFGE for <i>Salmonella</i> Typhi - By consultation only	
4	Verification of antibiotic resistance - May include MIC Colistin for required cases		15	<i>S. pneumoniae</i> isolate confirmation & AST verification	
5	Vancomycin resistant <i>Enterococci</i> (VRE) isolate confirmation & AST verification		16	<i>S. pneumoniae</i> serotyping Antibiotic susceptibility: Ceftriaxone <input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R Co-trimoxazole <input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R Erythromycin <input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R Penicillin <input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R Amoxicillin/clavulanic acid <input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> R	
6	CA-MRSA PCR				

PLEASE FILL UP SPECIFIED REQUEST FORMS FOR FOLLOWING TESTS

<https://www.imr.gov.my/index.php/en/services/2/760-diagnostic-service-forms>:

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| 1. <i>Brucella</i> PCR |
| 2. <i>Brucella</i> serology |
| 3. Leptospiral micro-agglutination test (MAT) |
| 4. Leptospiral PCR |
| 5. <i>Rickettsia</i> serology |
| 6. <i>Mycobacterium tuberculosis</i> (MTB) PCR |
| 7. Atypical <i>Mycobacterium</i> infection or <i>Mycobacteria</i> other than Tuberculosis (MOTT) PCR |
| 8. Mycology request form |

IMPORTANT NOTICE : To ensure correct and reliable result given, please fill up the entire form and following must be followed :

1. Please refer to IMR test list (<https://www.imr.gov.my/testlist>) for specimen type.

12. Specimen Collected Date	Date:	Time:
13. Applicant's name:.....		
14. Date: Signature & Stamp