

MAKMAL KESIHATAN AWAM KEBANGSAAN, KEMENTERIAN KESIHATAN MALAYSIA

Lot 1853, Kg Melayu Sungai Buloh, 47000 Sungai Buloh, Selangor Darul Ehsan

Tel: 03-61565109 Fax: 03-61402249/61569654

LABORATORY REQUEST FORM FOR DENGUE AND FLAVIVIRUS

Lab No. (for lab use) :

REQUESTOR INFORMATION

Name :

Post :

Address :

District :

State :

Tel. No. :

Fax No. :

Email :

Purpose of Sampling

a. Dengue (please tick purpose of sampling as below)

- Outbreak
 Surveillance
 Diagnostic

b. Flavivirus (please tick purpose of sampling as below)

- Outbreak
 Surveillance
 Diagnostic

Specimen Category : case Contact

A. PATIENT'S INFORMATION

Name :

Age : Date of birth

Sex : Male Female

IC No.

Reference No. :

Nationality : Malaysian Non Malaysian
(Please state country of origin) _____

Address

Postcode :

Occupation :

District :

State :

Tel. No. :

B. CLINICAL SUMMARY

- Fever : T°C Diarrhea
 Retro-orbital pain Bleeding tendencies
 Maculopapular rash Hepatomegaly
 Vomiting Shock
 Myalgia/arthritis CNS Complications

Date of fever onset : _____ (dd/mm/yyyy)

Clinical/Provisional Diagnosis :

- Dengue Fever Dengue Hemorrhagic
 Dengue Shock Syndrome Death : _____ (dd/mm/yyyy)
 Compensated Shock Other (flavivirus).

Laboratory findings at admission

Hb : TWBC : (PN : %; L : %; M : %; E : %)

Platelets : /mm³ HCT :

Dengue NS1 : Date of test :

Method :

Dengue IgG : Date of test :

Method :

Dengue IgM : Date of test :

Method :

C. PATIENT'S LOCATION

 Clinic Ward ICU

D. SPECIMEN INFORMATION

Type of specimen :

Name of Collector :

Date of Collection: (dd/mm/yyyy)

Date specimen Received (for lab use) : (dd/mm/yyyy)

E. RESULTS (for lab use only)

Verified by :

Date: