Lab No. *(for lab use)* :	

REQUESTOR INFORMATION	
Name :	
Post :	
Address :	
District :	State :
Tel. No. :	Fax No. :
Email :	

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

Mycobacterium leprae VIABILITY & DRUG SENSITIVITY TEST REQUEST FORM

A. PATIENT INFORMATION

Name :	Age :	Date of Birth :
IC No :	Sex : ☐Male	☐Female
Your Reference No :	Marital Status : ☐Single	☐Married
Address : Postcode : District : State :	Nationality : ☐Malaysian : ☐Non Malaysian : *(Please state country of origin)*	
Tel. No :	Occupation :	

B. CLINICAL SUMMARY

Clinical Diagnosis* : ☐ IDT ☐ TT ☐ BT ☐ BB ☐ BL ☐ LL

Type of Case : ☐ New case ☐ Reactivation ☐ Relapse ☐ Problems in treatment

History : (including complaints, any exposure to anti-leprosy drug or family history of leprosy)

Previous Slit Skin Smear Report :

No.	Date	BI	MI

Site of Biopsy :	Time & Date of Biopsy Procedure :

C. RESULTS *(for laboratory use only)* :

Verified By : Date :

……

** IDT = Indeterminate leprosy, TT = Tuberculoid leprosy, BT = Borderline tuberculoid leprosy*

BB = Borderline borderline leprosy, BL = Borderline lepromatous leprosy, LL = Lepromatous leprosy

NB : Please send request form in duplicate