



**MAKMAL KESIHATAN AWAM JOHOR BAHRU
KEMENTERIAN KESIHATAN MALAYSIA**

Doc No : D/WS/01-016

Rev. No : 00

Effective Date : 14.02.2024

LEPTOSPIROSIS REQUEST FORM

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PATIENT DEMOGRAPHY

Name:		RN:	
IC/ID Number:		Ward clinic:	Admission date:
Age:	Date of birth:		Hospital:
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	Race :	Type of specimen:
Address :			Date of collection:
			Outcome (please circle any that applicable):
			Alive/ Death/Discharge/AOR

Underlying illness:

Symptoms and signs	<input type="checkbox"/> Fever, day of illness	<input type="checkbox"/> Abdominal Pain	<input type="checkbox"/> Hepatomegaly
	<input type="checkbox"/> Chills and rigors	<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

HIGH RISK SOCIAL HISTORY

Occupation :	<input type="checkbox"/> Veterinarian	<input type="checkbox"/> Gardener	<input type="checkbox"/> Forestry worker
	<input type="checkbox"/> Pet shop owner	<input type="checkbox"/> Farmer	<input type="checkbox"/> Abattoir worker
	<input type="checkbox"/> Lab worker	<input type="checkbox"/> Carpenter	<input type="checkbox"/> Military personnel
	<input type="checkbox"/> Others:		

Contact with animal	<input type="checkbox"/> Cat	<input type="checkbox"/> Cow	<input type="checkbox"/> Bird
	<input type="checkbox"/> Dog	<input type="checkbox"/> Goat	<input type="checkbox"/> Pig
	<input type="checkbox"/> Horse	<input type="checkbox"/> Mule	<input type="checkbox"/> Rat
	<input type="checkbox"/> Others:		

Exposure:	<input type="checkbox"/> Bathing / swimming (location/date)	<input type="checkbox"/> Fishing (location/date)
	<input type="checkbox"/> Hunting (location/date)	<input type="checkbox"/> Camping/picnic (location/date)

LABORATORY TESTS

Date	Leptospira Test	Result
	Leptospira IgM Rapid Test	Equivocal/Positive
	Leptospira MAT (state all recent results)	Positive/Negative/Equivocal (if positive or equivocal, titre :.....)
	Leptospira DNA PCR	Detected/Not detected

ANTIBIOTIC TREATMENT (IF ANY)

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

TEST REQUEST (please tick one)

<input type="checkbox"/> Leptospira microagglutination test (MAT) (Please circle one: first sample/second sample) Serum need to be separated & send in ice	<input type="checkbox"/> Leptospira PCR (blood in EDTA with fever lesser than 10 days) Note: urine is only accepted by consultation Sample must be sent in ice
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REQUESTER DETAILS

Date:	Signature and stamp
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RESULTS (FOR MKAJB USE ONLY)

Done by:	Verified by:
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