



BACTERIOLOGY REQUEST FORM

Bacteriology Unit, Infectious Diseases Research Centre
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| | |
|-----------------------------------------------------------------------------------------------------------------|--------------------------|
| 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 (<i>kindly provide a copy of your worksheet and request form</i>): | |

10. Diagnosis:

11. Organism name (*NA if unable to identify*):
Identification system & Score:

12. Test Required: (*You may tick more than one*)

| No. | Test Name | Please tick (✓) | No. | Test Name | Please tick (✓) | | |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------|-------------------------------------------------------------------------------|-----------------|---|---|
| 1 | Identification of anaerobic bacteria (<i>including 16s rRNA PCR if required</i>) <i>- Antibiotic susceptibility testing not offered</i> | | 8 | <i>Bordetella pertussis</i> PCR • IS481 • ptxP (if IS481 positive) | | | |
| 2 | Identification of aerobic bacteria (<i>including 16s rRNA PCR if required</i>) | | 9 | Carbapenem-resistant Enterobacterales (CRE) tests • CRE gene detection | | | |
| | • EHEC identification | | | • Colistin sensitivity testing (<i>isolated from STERILE SPECIMEN ONLY</i>) | | | |
| | • Elek test for <i>Corynebacterium diphtheria</i> | | | • MCR-1 gene detection (<i>for colistin-resistant CRE only</i>) | | | |
| | • PCR for <i>B. pseudomallei</i> confirmation. | | 10 | Detection of <i>Burkholderia pseudomallei</i> IgM (Meliodosis) | | | |
| 3 | Antibiotic susceptibility testing <i>- Not a standalone test, to proceed after identification of aerobic bacteria.</i> | | 11 | Fungal tests <i>- Please fill up Mycology request form</i> | | | |
| | | | 12 | PFGE for <i>Salmonella</i> Typhi <i>- By consultation only</i> | | | |
| 4 | Verification of antibiotic resistance (excluding CRE) <i>- May include MIC Colistin for required cases (e.g. MRO A. baumannii and MDR P. aeruginosa, from sterile specimen)</i> | | 13 | <i>S. pneumoniae</i> isolate confirmation & AST verification | | | |
| 5 | Vancomycin resistant <i>Enterococci</i> (VRE) isolate confirmation & AST verification for other <i>Enterococcus</i> sp. | | 14 | <i>S. pneumoniae</i> serotyping: | | | |
| 6 | Ca-MRSA PCR | | | Antibiotic susceptibility | Please tick (✓) | | |
| | | | | | S | I | R |
| | | | | Ceftriaxone | | | |
| | | | | Co-trimoxazole | | | |
| 7 | Hypervirulent <i>Klebsiella pneumoniae</i> PCR (hvKp) | | Erythromycin | | | | |
| | | | Penicillin | | | | |
| | | | Amoxicillin/clavulanic acid | | | | |

PLEASE USE APPROPRIATE REQUEST FORMS FOR THE FOLLOWING TESTS:

The forms can be downloaded from the link below:

<https://www.imr.gov.my/index.php/en/services/2760-diagnostic-service-forms>

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

IMPORTANT NOTICE:

1. To obtain accurate and reliable results, we kindly ask requestor to provide ALL the information needed.
2. Please refer to IMR Test List (<https://www.imr.gov.my/testlist>) for tests offered and their requirements.

13. Specimen Collection Date: a) Date: _____ b) Time: _____

14. Applicant's name: _____

15. Date: _____

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Signature & stamp