BACTERIOLOGY REQUEST FORM

Bacteriology Unit, Infectious Diseases Research Centre
(IDRC) Institute for Medical Research (IMR),
National Institutes of Health (NIH)
No 1, Jalan Setia Murni U13/52, Seksyen U13, Setia Alam,
40170 Shah Alam, Selangor
Phone: 03-3362 8349 Email: bacteriology@moh.gov.my

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 *(kindly provide a copy of your worksheet and request form)*:

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 (*including 16s rRNA PCR if required)* *- Antibiotic susceptibility testing not offered*		8	*Bordetella pertussis* PCR • IS481 • ptxP (if IS481 positive)	
2	Identification of aerobic bacteria (*including 16s rRNA PCR if required)*		9	Carbapenem-resistant Enterobacterales (CRE) tests	
	• *EHEC* identification			• CRE gene detection	
	• *Elek* test for *Corynebacterium diphtheria*			• Colistin sensitivity testing *(isolated from **STERILE SPECIMEN ONLY**)*	
	• PCR for *B. pseudomallei* confirmation.			• MCR-1 gene detection *(for **colistin-resistant CRE only**)*	
3	Antibiotic susceptibility testing *- Not a standalone test, **to proceed after identification of aerobic bacteria**.*		10	Detection of *Burkholderia pseudomallei* IgM (Meliodosis)	
			11	PFGE for *Salmonella* Typhi *- By consultation only*	
			12	*S. pneumoniae* isolate confirmation & AST verification	
4	Verification of antibiotic resistance (excluding CRE) *- May include MIC Colistin for required cases (e.g. MRO A. baumanii and MDR P. aeruginosa, **from sterile specimen**)*		13	*S. pneumoniae* serotyping: Antibiotic susceptibility: Please tick (✓) — S / I / R Ceftriaxone Co-trimoxazole Erythromycin Penicillin Amoxicillin/clavulanic acid	
5	Vancomycin resistant *Enterococci* (VRE) isolate confirmation & AST verification for other Enterococcus sp.				
6	Ca-MRSA PCR				
7	Hypervirulent Klebsiella pneumoniae PCR (hvKp)				

- **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. Bartonella PCR (Aerobic Bacteria): Bartonellosis Laboratory Request Form (IMR/BACT/FORMS/BAT/01)
2. Brucella PCR & serology: Brucellosis Laboratory Request Form (IMR/IDRC/BACT/BRUCE/02)
3. Leptospiral PCR & micro-agglutination test (MAT): Leptospirosis Laboratory Request Form (IMR/IDRC/BACT/LEPTO/01)
4. Mycobacterium tuberculosis (MTB) PCR & Mycobacteria other than Tuberculosis (MOTT) PCR: Tuberculosis Laboratory Request Form (IMR/IDRC/BACT/TB/01).
5. Fungal culture, Isolation, PCR, and antifungal sensitivity testing (AFST): Mycology Request Form (IMR/IDRC/BACT/MYCO/01)
6. Rickettsia PCR & serology: Rickettsiosis Laboratory Request Form (IMR/BACT/FORMS/RICK/02)

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