



**BACTERIOLOGY UNIT
INFECTIOUS DISEASE RESEARCH CENTRE (IDRC)
INSTITUTE FOR MEDICAL RESEARCH (IMR)**

**NATIONAL INSTITUTES OF HEALTH (NIH)
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IMR/IDRC/BACT/BRUCE/03

**BRUCELLOSIS LABORATORY
REQUEST FORM**

PATIENT'S INFORMATION			
Name:	Age:	DOB: __/__/____	
IC :	R/N :	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Ethnicity: <input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Others (please specify):	Nationality:	<input type="checkbox"/> Malaysian <input type="checkbox"/> Non-Malaysian:	
Address:			
Date of admission:		Occupation:	
Hospital:		Ward/ Clinic:	
Name of requesting Doctor:		Signature:	
Hospital:		Ward/ Clinic:	

CLINICAL SUMMARY			
Diagnosis:		Date of diagnosis:	
Duration of illness: _____ days.			
Signs & Symptoms/ Complications	<input type="checkbox"/> Fever, duration: _____	<input type="checkbox"/> Myalgia	<input type="checkbox"/> Endocarditis
	<input type="checkbox"/> Recurring fever	<input type="checkbox"/> Arthralgia	<input type="checkbox"/> Osteomyelitis
	<input type="checkbox"/> Night sweats	<input type="checkbox"/> Loss of appetite	<input type="checkbox"/> Arthritis or spondylitis
	<input type="checkbox"/> Headache	<input type="checkbox"/> Hepatomegaly	<input type="checkbox"/> Epididymo-orchitis
	<input type="checkbox"/> Weakness	<input type="checkbox"/> Splenomegaly	<input type="checkbox"/> Meningitis
	<input type="checkbox"/> Others:		

EXPOSURE	
<input type="checkbox"/> Drink unpasteurized milk <input type="checkbox"/> Goat <input type="checkbox"/> Cow <input type="checkbox"/> Others (please specify) :	
<input type="checkbox"/> Consumed unpasteurized dairy products (please specify) :	
<input type="checkbox"/> Work with animals or animal products	<input type="checkbox"/> Veterinarian <input type="checkbox"/> Abattoir worker <input type="checkbox"/> Farmer <input type="checkbox"/> Researcher <input type="checkbox"/> Handling animal parturition <input type="checkbox"/> Others (please specify):
<input type="checkbox"/> Case or household member works or lives on farm	
<input type="checkbox"/> Laboratory worker	
<input type="checkbox"/> Travelled abroad over past 6 months (please specify): _____	

SPECIMEN INFORMATION		LABORATORY INFORMATION	
Type of specimen:	<input type="checkbox"/> Blood in EDTA for PCR <input type="checkbox"/> Culture isolate for PCR <input type="checkbox"/> Serum for serology test (ELISA/BrucellaCapt)	Date of specimen received: __/ __/ ____	
		Date of test performed: __/ __/ ____	
		Result of test:	