



BACTERIOLOGY UNIT
INFECTIOUS DISEASE 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
Tel: 03-3362 8358
EMAIL: bacteriology@moh.gov.my

IMR/BACT/FORMS/RICK/03

**RICKETTSIOSIS LABORATORY
REQUEST FORM**

PATIENT'S INFORMATION		
Name:	Age:	DOB: __/__/____
Identification card (IC) / Passport No:	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:	Patient's Occupation:	
Hospital:	Ward/ Clinic:	
Name and stamp of requesting Doctor:	Signature of Dr:	
CLINICAL SUMMARY		
Diagnosis:	Date of diagnosis:	
Duration of illness: _____ days (Note: Rickettsia PCR valid for duration of illness equal or less than 10 days ONLY)		
Signs & Symptoms:		
<input type="checkbox"/> Fever:	<input type="checkbox"/> Malaise	<input type="checkbox"/> Dizziness
<input type="checkbox"/> Eschar:	<input type="checkbox"/> Headache	<input type="checkbox"/> Photophobia
<input type="checkbox"/> Rashes <input type="checkbox"/> Maculopapular <input type="checkbox"/> Vesicular <input type="checkbox"/> Petechial <input type="checkbox"/> Others: _____	<input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting	<input type="checkbox"/> Lymphadenopathy <input type="checkbox"/> Others (please specify):
PAST HISTORY		
<input type="checkbox"/> Exposure to rodents (rats and mice) and their fleas		
<input type="checkbox"/> History of mites / ticks bites		
<input type="checkbox"/> History of jungle trekking / farming / exposure to bushes, shrubs / working at palm oil plantations		
<input type="checkbox"/> Exposure to animals (please specify):		
SPECIMEN INFORMATION		LABORATORY INFORMATION
Type of specimen:	<input type="checkbox"/> Rickettsia Indirect Immunoperoxidase (IIP) serology: Serum sample <input type="checkbox"/> Rickettsia PCR : Blood in EDTA tube / eschar biopsy / eschar swab in VTM tube / urine (in AKI patient)	Date of specimen received: __/__/____ Date of test performed: / / ____ Result of test:
Date of specimen collection:		