BACTERIOLOGY REQUEST FORM

Bacteriology Unit, Infectious Disease Research Centre (IDRC),
Institute for Medical Research (IMR),
National Institutes of Health (NIH),
No.1, Jalan Setia Murni U13/52, Setia Alam,
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PATIENT'S INFORMATION

Name:			R/N:
I.C. No:		Age:	Ward/Clinic:
Gender: ☐ Male/ ☐ Female	Date of birth:	Ethnicity:	Hospital:

TYPE OF SPECIMEN

Specimen type: ☐ Clinical or ☐ Culture Isolate Nature of specimen: ☐ Sterile ☐ Non sterile Source/Origin: Specimen collection/Isolate culture date:	For culture isolate only, please provide further details: ▪ Organism name: ▪ Identification method: ▪ Score: *(Not applicable for isolate of bacterial identification)*

Clinical history/ Relevant laboratory information/ Diagnosis:

TEST REQUIRED (Please tick ✓)

BACTERIAL IDENTIFICATION[2]

☐ Anaerobic bacteria identification
Antibiotic susceptibility testing is not offered.
☐ Aerobic bacteria identification
*Kindly ticked here ☐ to include **Antibiotic susceptibility testing (AST)**.*
Organism identification is performed either by conventional, MALDI-TOF or molecular method.

SEROTYPING[2]

☐ Enterohemorrhagic *Escherichia coli* (EHEC)
☐ *Streptococcus pneumoniae*

ANTIBIOTIC SUSCEPTIBILITY TESTING (AST)[2]

☐ Verification of antibiotic susceptibility test
☐ Colistin susceptibility test
For organism with available CLSI breakpoint.
☐ Vancomycin resistant Enterococci (VRE) antibiotic susceptibility verification
***Van-A and Van-B gene detection** are performed on Vancomycin resistant Enterococcus faecalis and Enterococcus faecium organism only.*
☐ *Streptococcus pneumoniae* antibiotic susceptibility verification

PULSED-FIELD GEL ELECTROPHORESIS[2]

☐ **Hospital related outbreak***
☐ *Salmonella typhi* outbreak
To consultation IMR Bacteriology Clinical Microbiologist.
It is performed on ≥ 2 isolates of similar species.

SEROLOGY AND OTHERS

☐ *Burkholderia pseudomallei* IgM detection **(Melioidosis)**[3]
☐ *Corynebacterium diphtheria* Elek's Test[2]
Diphtheria toxin gene detection is performed on isolates with negative ELEK's test.

MOLECULAR TESTING

Clinical specimens only[1]

☐ *Bordetella pertussis* PCR
☐ ***Burkholderia pseudomallei* PCR (Melioidosis) ***
☐ **16S rRNA gene PCR***
☐ ***Legionella pneumophila* PCR***
To consult IMR Bacteriology Clinical Microbiologist.
Specific specimen types of these test are described in www.imr.gov.my/testlist.
Kindly name the specialist spoken to:

Bacterial isolates only[2]

☐ CA-MRSA PCR
☐ Mobile Colistin Resistance (MCR) gene(s) detection
☐ Hypervirulent *Klebsiella pneumoniae* PCR
☐ Carbapenemase gene(s) detection of CRE
Colistin microbroth dilution test is performed on sterile CRE isolate if deemed necessary. Mobile Colistin Resistance (MCR) gene(s) detection is performed on Colistin resistant isolate only.

ANTIBIOTIC SUSCEPTIBILITY REPORT FOR CULTURE ISOLATE IF AVAILABLE

Antibiotic	Zone diameter or MIC/ Interpretation (S/I/R/SDD)	Antibiotic	Zone diameter or MIC/ Interpretation (S/I/R/SDD)
Penicillin/Ampicillin/Amoxicillin		Ciprofloxacin	
Amoxicillin + Clavulanate		Erythromycin/Doxycycline	
Piperacillin + Tazobactam		Gentamicin/Amikacin	
Ceftriaxone/Cefotaxime/ Ceftazidime		Meropenem/Imipenem/ Ertapenem	
Cefepime/ Ceftaroline		mCIM/eCIM/ESBL test	
Vancomycin/Teicoplanin		Beta-lactamase test	
Linezolid/Cotrimoxazole		String test	

IMPORTANT NOTICE

[1]*This testing is performed on clinical specimen only.*
[2]*This testing is performed on culture isolate and not clinical specimen.*
[3]*This testing is performed on serum specimen*
For accurate and reliable test results, kindly provide ALL the information required.
Please refer IMR test list: www.imr.gov.my/testlist for further details.

REQUESTER

Official stamp and signature:

Date: