BACTERIOLOGY UNIT
INFECTIOUS DISEASES RESEARCH CENTRE (IDRC)
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IMR/IDRC/BACT/TB/01

TUBERCULOSIS LABORATORY REQUEST FORM

PATIENT'S INFORMATION		
Name:	Age:	DOB: __/__/____
Identification card (IC)/ Passport No :	R/N :	Gender: ☐ M ☐ F
Ethnicity: ☐ Malay ☐ Chinese ☐ Indian ☐ Others (please specifiy): _____	Nationality: ☐ Malaysian ☐ Non-Malaysian: _____	
Address:		
Date of admission:	Patient's Occupation:	
Hospital:	Ward/ Clinic:	
Name and stamp of requesting Doctor:	Signature of Dr:	

CLINICAL SUMMARY

Diagnosis: Duration of illness:

Pulmonary TB		**Extrapulmonary TB**	
☐ Fever, duration: _____	☐ Loss of appetite	☐ Headache	☐ TB CNS, specifiy
☐ Cough,	☐ Loss of weight	☐ Weakness	☐ TB Skin, specifiy
☐ Shortness of breath	☐ Lymphadenopathy	☐ Dizziness	☐ TB Bones & Joints, specifiy
☐ Haemoptysis	☐ Others: _____	☐ Altered behaviour	☐ TB GIT, specifiy
☐ Night sweats	_____	☐ Myalgia	☐ TB Genitourinary, specifiy
☐ Chills & Rigors:	_____	☐ Arthralgia	☐ Others: _____

MEDICAL AND TB HISTORY

☐ BCG vaccination	☐ Diabetes mellitus
☐ Previous TB infection: Year ( )_____	☐ Hypertension
☐ TB treatment : ongoing / completed / not completed	☐ Chronic kidney disease
☐ AFB Smear: Positive (scanty / 1+/ 2+/3+) x ( )	☐ HIV / IVDU
☐ Mantoux: Positive (mm) / Negative IGRA : Positive / Indeterminate/ Negative	☐ Autoimmune disease
☐ Contact with TB patient: Yes / No	☐ Malignancy
☐ Healthcare worker	☐ Others
☐ Chest X-ray:	☐ Smoking
☐ Others	

SPECIMEN INFORMATION			**LABORATORY INFORMATION**
Type required: Date sample taken: Type of specimen:	☐ MTB PCR __ / __ / ____ ☐ Blood ☐ Cerebrospinal fluid ☐ Urine ☐ Stool ☐ Body fluid: Pleural fluid, Pericardial fluid, Peritoneal fluid ☐ Tissue, specifiy _____ ☐ Fixed frozen paraffin embedded (FFPE) specifiy_____ ☐ Others, specifiy_____	☐ MOTT PCR __ / __ / ____ Specify: _____	Date of test performed: __/ __/ _____ Result of test: