MAKMAL KESIHATAN AWAM KEBANGSAAN, KEMENTERIAN KESIHATAN MALAYSIA
Lot 1853, Kg Melayu Sungai Buloh, 47000 Sungai Buloh, Selangor Darul Ehsan
Tel: 03-61565109 Fax: 03-61402249/61569654

LABORATORY REQUEST FORM FOR DENGUE AND FLAVIVIRUS

Lab No. *(for lab use)* :	

REQUESTOR INFORMATION

Name :
Post :
Address :
District : State :
Tel. No. : Fax No. : Email :

Purpose of Sampling

a. Dengue (please tick purpose of sampling as below)
- ☐ Outbreak
- ☐ Surveillance
- ☐ Diagnostic

b. Flavivirus (please tick purpose of sampling as below)
- ☐ Outbreak
- ☐ Surveillance
- ☐ Diagnostic

Specimen Category : ☐ **case** Contact ☐

A. PATIENT'S INFORMATION

Name :

IC No.
Reference No. :
Address

Postcode :
District : State :

Age : Date of birth
Sex : ☐ Male ☐ Female

Nationality : ☐ Malaysian ☐ Non Malaysian
(Please state country of origin)_____
Occupation :
Tel. No. :

B. CLINICAL SUMMARY

- ☐ Fever : T .....^{o}C
- ☐ Retro-orbital pain
- ☐ Maculopapular rash
- ☐ Vomitting
- ☐ Myalgia/arthralgia
- ☐ Diarrhea
- ☐ Bleeding tendencies
- ☐ Hepatomegaly
- ☐ Shock
- ☐ CNS Complications

Date of fever onset : _____(dd/mm/yyyy)

Laboratory findings at admission

Hb : TWBC : (PN : %; L: %; M : %; E: %)
Platelets : /mm^3 HCT :

Dengue NS1 : Date of test :
Method :

Dengue IgG : Date of test :
Method :

Dengue IgM : Date of test :
Method :

Clinical/Provisional Diagnosis :
- ☐ Dengue Fever
- ☐ Dengue Shock Syndrome
- ☐ Compensated Shock
- ☐ Dengue Hemorrhagic
- ☐ Death : _____(dd/mm/yyyy)
- ☐ Other (flavivirus).

C. PATIENT'S LOCATION

☐ Clinic ☐ Ward ☐ ICU

D. SPECIMEN INFORMATION

Type of specimen :	Name of Collector :
Date of Collection: (dd/mm/yyyy)	Date specimen Received (for lab use) : (dd/mm/yyyy)

E. RESULTS (*for lab use only*)

Verified by :	Date: