Singapore General Hospital
SingHealth

Clinical Laboratory | Block 3 Level 1
Directions for SOC patients

REQUEST FOR BACTERIOLOGICAL INVESTIGATION

BA XXXXXX

Patient's Status

CLASS	DEPT	WARD	BED

☐ Subsidized ☐ Industrial Accident
☐ Non-subsidized ☐ STAT
☐ Non-Resident

Patient's Particulars

Affix Label Here

NRIC
NAME
ADDRESS
ACCOUNT NO.

Clinical Information (Specimen REJECTED if information incomplete)

Clinical Diagnosis:

Relevant History / Findings / Treatment

Name of doctor ic
Pager / contact no.

Date :

Name of consultant i/c

Antibiotics none to start
recent - Significant previous cultures
current -

Nature of Specimen

☐ CSF ☐ Sputum ☐ Swab from ☐ Scraping from
☐ Stool ☐ Blood ☐ Pus from ☐ Tissue from
☐ Urine ☐ Fluid from ☐ Others

Date/time collected

Test Required (Please tick ☑ appropriate box(es) below)

Microscopy

10002609	☐	Gram-stained smear	10034851	☐	Cryptosporidium/Isospora	10003813	☐ Pneumocystis carinii
10002801	☐	AFB (acid-fast bacilli)	10033917	☐	IF Bordetella pertussis	10003105	☐ Cryptococcus/Fungi
10034840	☐	Ova & parasite Exam	10033928	☐	IF Legionella pneumophila	10003824	☐ Other microscopy (specify)

Culture

10001800	☐	Aerobic bacteria	10000405	☐	Bordetella pertussis	10034862	☐	Helicobacter pylori
22002501	☐	Anaerobic bacteria	22002501	☐	Clostridium difficile	10000708	☐	Candida/Cryptococcus/other fung
22002703	☐	CSF Culture & Gram stain	10000506	☐	Corynebacterium diphtheriae	22002602	☐	Environment (specify)
10002339	☐	MRSA screening	10001204	☐	Legionella pneumophila	10004207	☐	Sterility testing of
10002317	☐	Stool for Salmonella, Shigella, Campylobacter, Vibrio	10001406	☐	Mycobacteria/TB	10002339	☐	Other organisms (specify)

Other Tests

10000001	☐	Anti-streptolysin 0 Titre (ASOT)	10009921	☐	Cryptococcus antigen (quantitative)	10034806	☐	Clostridium difficile cytotoxin test
10009932	☐	Bacterial antigens in CSF/serum	10003846	☐	Histoplasma antibody	10003903	☐	Occult blood
10009910	☐	Cryptococcus antigen (qualitative)	10004409	☐	Widal & Weil Felix	10004500	☐	Others (specify)

Please note:
1. *One request form per specimen; one test per form*
2. *Blood culture: collect 10-20ml each time; take at least 2 cultures at different times*
3. *Urine: specify if collected from catheter*
4. *Unusual requests - consult microbiologist*

For Laboratory Use

Date Received Lab No.

3015-00-009-J/APR 2000

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