



REQUEST FOR MYCOBACTERIOLOGY INVESTIGATION

MA 0000001

Patient's Status

CLASS	DEPT	WARD	BED
<input type="checkbox"/> Subsidized		<input type="checkbox"/> Industrial Accident	
<input type="checkbox"/> Non-subsidized		<input type="checkbox"/> STAT	
<input type="checkbox"/> Non-Resident			

NAME _____

NRIC _____

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 recent - current - to start Significant previous cultures

Nature of Specimen

<input type="checkbox"/> CSF	<input type="checkbox"/> Sputum	<input type="checkbox"/> Swab from _____	<input type="checkbox"/> Scraping from _____	Date/time collected
<input type="checkbox"/> Stool	<input type="checkbox"/> Blood	<input type="checkbox"/> Pus from _____	<input type="checkbox"/> Tissue from _____	
<input type="checkbox"/> Urine		<input type="checkbox"/> Fluid from _____	<input type="checkbox"/> Others _____	

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

AFB culture & smear

10002801 Microscopic examination of AFB 70208901 AFB culture & Smear 10001406 AFB culture

Mycobacterium Identification

10001417 Mycobacterium Detection & ID 70208002 Identification / Confirmation of M.TB 70208005 Identification of NTM or BCG

Mycobacterium Susceptibility Tests

70208003 <input type="checkbox"/> Susceptibility Test for TB – 1st line	70208010 <input type="checkbox"/> Susceptibility Test for TB-High-level (Streptomycin)
70208004 <input type="checkbox"/> Susceptibility Test for TB – 2nd line (Ofloxacin, kanamycin, ethionamide)	70208011 <input type="checkbox"/> Susceptibility Test for TB- Levofloxacin
10001428 <input type="checkbox"/> Susceptibility Test for TB – PZA	10001428 <input type="checkbox"/> Susceptibility Test for M. avium - Clarithromycin
10001428 <input type="checkbox"/> Susceptibility test for TB- Extended panel (PAS, capromycin, clofazimine)	10001428 <input type="checkbox"/> Susceptibility Test for M. kansasii - Rifampin
70208010 <input type="checkbox"/> Susceptibility Test for TB-High-level (Isoniazid)	70208001 <input type="checkbox"/> Susceptibility Test for Rapid Growers

Others

70208006 Mycobacterium Viability test 70208009 TB Serology Quantiferon 3 tube

70208008 TB ProbeTec (Nuclei Acid Amplification Test) Others (please specify) _____

- Please note:**
1. One request form per specimen; one test per form.
 2. Blood culture: 5ml of plain blood inoculated directly into Myco-F-Lytic vial.
 3. Urine: specify if collected from catheter.
 4. Unusual requests - consult microbiologist.

For Laboratory Use

Date Received