

**Laboratory Medicine and Pathology**
**MICROBIOLOGY AND MOLECULAR DIAGNOSTICS  
REQUEST FORM**
**Patient's details**

Name:  
 NRIC:  
 Gender:  
 Date of birth:  
 Account number:  
 Clinic:  
 Ward:  
 Bed:

*Affix patient's label here*

**Requesting doctor (Please use name stamp if possible)**

Name and MCR number:  
 Phone number:  
 Department:  
 Consultant and MCR number:

*Laboratory barcode and accession  
(for laboratory use only)*

**Clinical information**

Antibiotic treatment:

Recent travel (if yes, specify countries): Yes / No

**Specimen details**
**Specimen collection date and time**

*DD/MM/YYYY  
HH:MM am/pm*

**Test request(s) (Check box and add details as required)**
**Screening tests**

- Candida auris*
- CPE
- Group B *Streptococcus*
- MRSA (admission)
- MRSA (transfers in/out)
- MRSA (exit)
- VRE

**Stool**

- C. difficile* toxin
- Faecal occult blood
- Ova, cysts & parasites examination

**Acid-fast bacilli**

- Smear: \_\_\_\_\_
- Culture: \_\_\_\_\_
- Molecular: \_\_\_\_\_

**Molecular testing**

- COVID-19 PCR: \_\_\_\_\_
- Influenzae A & Influenzae B PCR (qualitative): \_\_\_\_\_
- MERS-CoV RNA PCR: \_\_\_\_\_

**Microscopy, culture & sensitivities**

|   |   |
|---|---|
| <input type="checkbox"/> Blood culture: _____ | <input type="checkbox"/> Lower respiratory: _____ |
| <input type="checkbox"/> Body fluids: _____   | <input type="checkbox"/> BAL: _____               |
| <input type="checkbox"/> CSF: _____           | <input type="checkbox"/> ETA: _____               |
| <input type="checkbox"/> Joint: _____         | <input type="checkbox"/> Sputum: _____            |
| <input type="checkbox"/> Other: _____         | <input type="checkbox"/> Other: _____             |
| <input type="checkbox"/> Ear: _____           | <input type="checkbox"/> Stool: _____             |
| <input type="checkbox"/> Eye: _____           | <input type="checkbox"/> Swab: _____              |
| <input type="checkbox"/> Genital: _____       | <input type="checkbox"/> Tissue: _____            |
| <input type="checkbox"/> Gonococcus: _____    | <input type="checkbox"/> Urine: _____             |
| <input type="checkbox"/> IUCD: _____          | <input type="checkbox"/> Wound: _____             |
| <input type="checkbox"/> Other: _____         | <input type="checkbox"/> Other: _____             |

**Microscopy examination**

- Fungal: \_\_\_\_\_
- Scabies: \_\_\_\_\_

**Urine antigen tests**

- Legionella*
- Streptococcus pneumoniae*

- Respiratory virus multiplex PCR: \_\_\_\_\_
- Other: \_\_\_\_\_

**Other test requests (Note: specimens with illegible test requests may be rejected or subject to delayed processing)**
**Further information**

Please refer to the Laboratory Service Guide for information about specific requirements for tests.

For enquiries, please call Laboratory Medicine and Pathology on 63611205.