



**BACTERIOLOGY UNIT**  
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**IMR/IDRC/BACT/BRUCE/01**

**BRUCELLOSIS LABORATORY**  
**REQUEST FORM**

**PATIENT'S INFORMATION**

Name:	Age:	DOB: __ / __ / __
IC :	R/N :	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Ethnicity: <input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Others (please specify): _____	Nationality:	<input type="checkbox"/> Malaysian <input type="checkbox"/> Non-Malaysian: _____
Address:		
Date of admission:	Occupation:	
Hospital:	Ward/ Clinic:	
Name of requesting Doctor:	Signature:	
Hospital:	Ward/ Clinic:	

**CLINICAL SUMMARY**

Diagnosis:	Date of diagnosis:		
Duration of illness: ____ days.			
Signs & Symptoms/ Complications	<input type="checkbox"/> Fever, duration: _____	<input type="checkbox"/> Myalgia	<input type="checkbox"/> Endocarditis
	<input type="checkbox"/> Recurring fever	<input type="checkbox"/> Arthralgia	<input type="checkbox"/> Osteomyelitis
	<input type="checkbox"/> Night sweats	<input type="checkbox"/> Loss of appetite	<input type="checkbox"/> Arthritis or spondylitis
	<input type="checkbox"/> Headache	<input type="checkbox"/> Hepatomegaly	<input type="checkbox"/> Epididymo-orchitis
	<input type="checkbox"/> Weakness	<input type="checkbox"/> Splenomegaly	<input type="checkbox"/> Meningitis
	<input type="checkbox"/> Others:		

**EXPOSURE**

<input type="checkbox"/> Drink unpasteurized milk	<input type="checkbox"/> Goat <input type="checkbox"/> Cow <input type="checkbox"/> Others (please specify):
<input type="checkbox"/> Consumed unpasteurized dairy products (please specify):	
<input type="checkbox"/> Work with animals or animal products	<input type="checkbox"/> Veterinarian <input type="checkbox"/> Abattoir worker <input type="checkbox"/> Farmer <input type="checkbox"/> Researcher <input type="checkbox"/> Handling animal parturition <input type="checkbox"/> Others ( please specify):
<input type="checkbox"/> Case or household member works or lives on farm	
<input type="checkbox"/> Laboratory worker	
<input type="checkbox"/> Travelled abroad over past 6 months (please specify): _____	

**SPECIMEN INFORMATION**

**LABORATORY INFORMATION**

Type of specimen:	<input type="checkbox"/> Blood in EDTA for PCR	Date of specimen received: __ / __ / __
	<input type="checkbox"/> Serum for ELISA	Date of test performed: __ / __ / __
	<input type="checkbox"/> Culture isolate for identification <input type="checkbox"/> Culture isolate for PCR	Result of test:

