



**BACTERIOLOGY UNIT**  
**INSTITUTE FOR MEDICAL RESEARCH**  
**JALAN PAHANG, 50588 KUALA LUMPUR**  
**TEL: 03-26162663**  
**FAX: 03-26919716**

**IMR/IDRC/BACT/RICK/02**

**RICKETTSIOSIS 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 ( <i>please specify</i> ): _____	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:		
<input type="checkbox"/> Fever, duration: _____	<input type="checkbox"/> Malaise	<input type="checkbox"/> Dizziness
<input type="checkbox"/> Eschar:	<input type="checkbox"/> Headache	<input type="checkbox"/> Photophobia
<input type="checkbox"/> Rashes <input type="checkbox"/> Maculopapular <input type="checkbox"/> Vesicular <input type="checkbox"/> Petechial <input type="checkbox"/> Others: _____	<input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting	<input type="checkbox"/> Lymphadenopathy <input type="checkbox"/> Others ( <i>please specify</i> ):

**PAST HISTORY**

<input type="checkbox"/> Exposure to rodents ( rats and mice) and their fleas
<input type="checkbox"/> History of tick/mite bites
<input type="checkbox"/> History of jungle trekking

**SPECIMEN INFORMATION**

**LABORATORY INFORMATION**

Type of specimen:	<input type="checkbox"/> Serum for Indirect Immunoperoxidase (IIP) Test	Date of specimen received: __ / __ / __
		Date of test performed: __ / __ / __
		Result of test: