BACTERIOLOGY UNIT
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IMR/IDRC/BACT/TB/01

TUBERCULOSIS LABORATORY REQUEST FORM

PATIENT'S INFORMATION

Name:	Age:	DOB: __ /__ /____
IC :	R/N :	Gender: ☐ M ☐ F
Ethnicity: ☐ Malay ☐ Chinese ☐ Indian ☐ Others (*please specify*):	Nationality:	☐ Malaysian ☐ Non-Malaysian:
Address:		
Date of admission:	Occupation:	
Hospital:	Ward/ Clinic:	
Name of requesting Doctor:	Signature:	
Hospital:	Ward/ Clinic:	

CLINICAL SUMMARY

Diagnosis: Duration of illness:

Pulmonary TB		**Extrapulmonary TB**	
☐ Fever, duration: _____	☐ Loss of appetite	☐ Headache	☐ TB CNS, *specifiy*
☐ Cough,	☐ Loss of weight	☐ Weakness	☐ TB Skin, *specifiy*
☐ Shortness of breath	☐ Lymphadenopathy	☐ Dizziness	☐ TB Bones & Joints, *specifiy*
☐ Haemoptysis	☐ Others: _____	☐ Altered behaviour	☐ TB GIT, *specifiy*
☐ Night sweats	_____	☐ Myalgia	☐ TB Genitourinary, *specifiy*
☐ Chills & Rigors:	_____	☐ Arthralgia	☐ Others: _____

MEDICAL AND TB HISTORY

☐ BCG vaccination	☐ Diabetes mellitus
☐ Previous TB infection: Year ( )_____	☐ Hypertension
☐ TB treatment : ongoing / completed / not completed	☐ Chronic kidney disease
☐ AFB Smear: Positive (scanty / 1+/ 2+/3+) x ( )	☐ HIV / IVDU
☐ Mantoux: Positive (mm) / Negative	☐ Autoimmune disease
☐ Contact with TB patient: Yes / No	☐ Malignancy
☐ Healthcare worker	☐ Others
☐ Chest X-ray:	☐ Smoking
☐ Others	

SPECIMEN INFORMATION		**LABORATORY INFORMATION**
Type of specimen:	☐ Sputum ☐ Pulmonary samples: BAL, Tracheal aspirate, Gastric lavage, Pleural fluid ☐ Tissue, *specifiy* _____ ☐ Pus, *specifiy* _____ ☐ CSF ☐ Other body fluid: Pericardial fluid, Peritoneal fluid, Ascetic fluid, Urine, Blood ☐ Others, *specifiy* _____	Date of test performed: __ / __ / ____ Result of test: