



BACTERIOLOGY REQUEST FORM

Bacteriology Unit, Infectious Diseases Research Centre (IDRC)
Institute For Medical Research (IMR)
Jalan Pahang, 50588 Kuala Lumpur

1. Name:		2. R/N :	
3. I/C No.:		4. Ward/Clinic:	
5. Age:	Race:	6. Hospital:	
7. Gender: Male Female	8. Specimen type:		
9. Clinical history:			
10. Diagnosis:			

11. Test Required : (Please tick appropriate test required)

No.	Test Name	Please tick	No.	Test Name	Please tick
1	Identification of anaerobic bacteria - Antibiotic susceptibility testing not offered		8	Detection of <i>Burkholderia pseudomallei</i> IgM (Meliodosis)	
2	Identification of aerobic bacteria - Including PCR for 16S RNA, EHEC identification, Elek test and PCR for <i>B. pseudomallei</i>		9	Carbapenemase genes detection (CRE) - May include MIC Colistin and MCR-1 Gene Detection	
3	Antibiotic susceptibility testing - Not a standalone test, to proceed after aerobic bacterial identification test		10	<i>S. pneumoniae</i> isolate confirmation & AST verification	
			11	<i>S. pneumoniae</i> serotyping	
4	Verification of antibiotic resistance other than Carbapenem resistance <i>Enterobacteriaceae</i> - May include MIC Colistin for required cases		12	Fungal identification	
			13	Fungal culture	
5	CA-MRSA PCR		14	Fungal PCR	
6	<i>Bordetella pertussis</i> PCR		15	Anti-fungal susceptibility testing	
7	Vancomycin resistant <i>Enterococci</i> (VRE) isolate confirmation & AST verification		16	PFGE for <i>Salmonella</i> Typhi - By consultation only	

PLEASE FILL UP SPECIFIED REQUEST FORMS FOR FOLLOWING TESTS

(<https://www.imr.gov.my/index.php/en/services/2760-diagnostic-service-forms>):

1. <i>Brucella</i> PCR
2. <i>Brucella</i> serology
3. Leptospiral micro-agglutination test (MAT)
4. Leptospiral PCR
5. <i>Rickettsia</i> serology
6. <i>Mycobacterium tuberculosis</i> (MTB) PCR
7. Atypical <i>Mycobacterium</i> infection or <i>Mycobacteria</i> other than Tuberculosis (MOTT) PCR

IMPORTANT NOTICE : To ensure correct and reliable result given, please fill up the entire form and following must be followed :

- Please refer to IMR test list (<https://www.imr.gov.my/testlist>) for specimen type.

12. Specimen Collected Date	Date:	Time:
13. Applicant's name:.....		
14. Date: Signature & Stamp