



BACTERIOLOGY REQUEST FORM

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PATIENT'S INFORMATION			
Name:		R/N:	
I.C. No:		Age:	
Gender: ☐ Male/ ☐ Female	Date of birth:	Ethnicity:	Ward/Clinic:
		Hospital:	
TYPE OF SPECIMEN			
Specimen type: ☐ Clinical or ☐ Culture Isolate Nature of specimen: ☐ Sterile ☐ Non sterile Source/Origin: Specimen collection/Isolate culture date:		For culture isolate only, please provide further details: ■ Organism name: ■ Identification method: ■ Score: <i>(Not applicable for isolate of bacterial identification)</i>	
Clinical history/ Relevant laboratory information/ Diagnosis:			
TEST REQUIRED (Please tick ✓)			
BACTERIAL IDENTIFICATION ²		ANTIBIOTIC SUSCEPTIBILITY TESTING (AST) ²	
☐ Anaerobic bacteria identification <i>Antibiotic susceptibility testing is not offered.</i> ☐ Aerobic bacteria identification <i>Kindly ticked here ☐ to include Antibiotic susceptibility testing (AST). Organism identification is performed either by conventional, MALDI-TOF or molecular method.</i>		☐ Verification of antibiotic susceptibility test ☐ Colistin susceptibility test <i>For organism with available CLSI breakpoint.</i> ☐ Vancomycin resistant Enterococci (VRE) antibiotic susceptibility verification <i>Van-A and Van-B gene detection are performed on Vancomycin resistant Enterococcus faecalis and Enterococcus faecium organism only.</i> ☐ Streptococcus pneumoniae antibiotic susceptibility verification	
SEROTYPING ²		SEROLOGY AND OTHERS	
☐ Enterohemorrhagic Escherichia coli (EHEC) ☐ Streptococcus pneumoniae		☐ Burkholderia pseudomallei IgM detection (Meloidosis) ³ ☐ Corynebacterium diphtheriae Elek's Test ² <i>Diphtheria toxin gene detection is performed on isolates with negative ELEK's test.</i>	
PULSED-FIELD GEL ELECTROPHORESIS ²		SEROLOGY AND OTHERS	
☐ Hospital related outbreak* ☐ Salmonella typhi outbreak <i>*To consultation IMR Bacteriology Clinical Microbiologist. It is performed on ≥ 2 isolates of similar species.</i>			
MOLECULAR TESTING			
Clinical specimens only ¹		Bacterial isolates only ²	
☐ Bordetella pertussis PCR ☐ Burkholderia pseudomallei PCR (Meloidosis) * ☐ 16S rRNA gene PCR* ☐ Legionella pneumophila PCR* <i>*To consult IMR Bacteriology Clinical Microbiologist. Specific specimen types of these test are described in www.imr.gov.my/testlist. Kindly name the specialist spoken to:</i>		☐ CA-MRSA PCR ☐ Mobile Colistin Resistance (MCR) gene(s) detection ☐ Hypervirulent Klebsiella pneumoniae PCR ☐ Carbapenemase gene(s) detection of CRE <i>Colistin microbroth dilution test is performed on sterile CRE isolate if deemed necessary. Mobile Colistin Resistance (MCR) gene(s) detection is performed on Colistin resistant isolate only.</i>	
ANTIBIOTIC SUSCEPTIBILITY REPORT FOR CULTURE ISOLATE IF AVAILABLE			
Antibiotic	Zone diameter or MIC/ Interpretation (S/I/R/SDD)	Antibiotic	Zone diameter or MIC/ Interpretation (S/I/R/SDD)
Penicillin/Ampicillin/Amoxicillin		Ciprofloxacin	
Amoxicillin + Clavulanate		Erythromycin/Doxycycline	
Piperacillin + Tazobactam		Gentamicin/Amikacin	
Ceftriaxone/Cefotaxime/ Ceftazidime		Meropenem/Imipenem/ Ertapenem	
Cefepime/ Ceftazoline		mCIM/eCIM/ESBL test	
Vancomycin/Teicoplanin		Beta-lactamase test	
Linezolid/Cotrimoxazole		String test	
IMPORTANT NOTICE		REQUESTER	
¹ This testing is performed on clinical specimen only. ² This testing is performed on culture isolate and not clinical specimen. ³ This testing is performed on serum specimen For accurate and reliable test results, kindly provide ALL the information required. Please refer IMR test list: www.imr.gov.my/testlist for further details.		Official stamp and signature: Date:	