

MICROBIOLOGY				<u>Mandatory Information</u>	
Svc Code Prefix		WARD	BED	Name: _____	
002				NRIC: _____	
				Gender: _____	
				Date of Birth: _____	
				Account Number: _____	
<u>For LAB use only:</u>		<i>Laboratory Accession Number</i>		Please paste label upright and within the box	
SST (Gold) PLAIN (Red) EDTA (Purple) PAEDS				<u>Doctor</u> _____ <u>MCR NO</u> _____	
				<u>Clinical Diagnosis / Medication</u> _____	
				Collected Date: _____ Collected Time: _____	

CULTURE AND SENSITIVITY TEST	SEROLOGY
Blood (Vein / Line / Bone marrow / specify site: _____) 3005 <input type="checkbox"/> MBA <input type="checkbox"/> Aerobic 3006 <input type="checkbox"/> MBB <input type="checkbox"/> Aerobic & Anaerobic 3034 <input type="checkbox"/> MBF <input type="checkbox"/> Fungus	3105 <input type="checkbox"/> ASO <input type="checkbox"/> Anti-Streptolysin O titre 3116 <input type="checkbox"/> MYG <input type="checkbox"/> Mycoplasma Total Antibody
CSF (LP / Shunt / Reservoir) 3017 <input type="checkbox"/> MCA <input type="checkbox"/> Aerobic	MOLECULAR INVESTIGATION 3601 <input type="checkbox"/> MTMOL <input type="checkbox"/> Molecular detection of Mycobacterium tuberculosis (Please specify sample site: _____) 3616 <input type="checkbox"/> MFABR <input type="checkbox"/> UTM <input type="checkbox"/> Influenza virus A, B and RSV PCR (Nasopharyngeal / specify site: _____) 3617 <input type="checkbox"/> MNORV <input type="checkbox"/> STO <input type="checkbox"/> Norovirus PCR (Stool) 3022 <input type="checkbox"/> MTCV <input type="checkbox"/> eS <input type="checkbox"/> Trichomonas, Candida and Bacterial Vaginosis (Please specify sample site: _____)
Fluid (PD / Joint / specify site: _____) 3008 <input type="checkbox"/> MFB <input type="checkbox"/> Aerobic & Anaerobic	ANTIGEN DETECTION 3134 <input type="checkbox"/> MCRYL <input type="checkbox"/> Cryptococcal antigen (Serum) 3134 <input type="checkbox"/> MCRYC <input type="checkbox"/> Cryptococcal antigen (CSF) 3009 <input type="checkbox"/> ASG <input type="checkbox"/> Aspergillus galactomannan antigen (Serum) 3009 <input type="checkbox"/> ASGB <input type="checkbox"/> Aspergillus galactomannan antigen (BAL) 3009 <input type="checkbox"/> ASGC <input type="checkbox"/> Aspergillus galactomannan antigen (CSF) 3308 <input type="checkbox"/> MFCPT <input type="checkbox"/> STO <input type="checkbox"/> Faecal Calprotectin (Stool) 3024 <input type="checkbox"/> MSB <input type="checkbox"/> STO <input type="checkbox"/> Clostridioides difficile toxin (Stool)
Fluid in BacT/Alert (PD / Joint / specify site: _____) 3077 <input type="checkbox"/> MFAB <input type="checkbox"/> Aerobic 3078 <input type="checkbox"/> MFBB <input type="checkbox"/> Aerobic & Anaerobic	MICROSCOPIC EXAMINATION / MISCELLANEOUS 3207 <input type="checkbox"/> MGS <input type="checkbox"/> Gram smear (Specify site: _____) 3206 <input type="checkbox"/> MFS <input type="checkbox"/> Fungal smear (Specify site: _____) 3205 <input type="checkbox"/> MAS <input type="checkbox"/> AFB smear (Specify site: _____) 3220 <input type="checkbox"/> URCM <input type="checkbox"/> U <input type="checkbox"/> Urine Red Cell Morphology 3304 <input type="checkbox"/> MOB <input type="checkbox"/> STO <input type="checkbox"/> Occult Blood (Stool) 3204 <input type="checkbox"/> MOC <input type="checkbox"/> Ova, cyst and parasites examination (Stool / specify site: _____) 3305 <input type="checkbox"/> MRV <input type="checkbox"/> STO <input type="checkbox"/> Rotavirus (Stool) 3224 <input type="checkbox"/> MFGS <input type="checkbox"/> STO <input type="checkbox"/> Fat Globules (Stool) 3221 <input type="checkbox"/> MCRYM <input type="checkbox"/> Microscopy - Cryptosporidium, Cyclospora, Cystoisospora (Stool / specify site: _____) 3222 <input type="checkbox"/> MMICM <input type="checkbox"/> Microscopy - Microsporidia (Eye / Stool / specify site: _____)
Tissue / Biopsy / specify site: _____ 3012 <input type="checkbox"/> MTB <input type="checkbox"/> Aerobic & Anaerobic	
Wound (Surgical / Surface / specify site: _____) 3044 <input type="checkbox"/> MWA <input type="checkbox"/> eS <input type="checkbox"/> Aerobic 3045 <input type="checkbox"/> MWB <input type="checkbox"/> eS <input type="checkbox"/> Aerobic & Anaerobic	
Respiratory (Nose / Throat / Sputum / ETT / BAL) 3041 <input type="checkbox"/> MRA <input type="checkbox"/> Aerobic 3062 <input type="checkbox"/> MRACF <input type="checkbox"/> Aerobic, cystic fibrosis	
Urethral / Endocervical / Neonatal eye Other site (specify site: _____) 3021 <input type="checkbox"/> MGC <input type="checkbox"/> eS <input type="checkbox"/> Gonococcus 3046 <input type="checkbox"/> MHELC <input type="checkbox"/> Helicobacter pylori ²	
Urine (MSU / Cath / Bag / Suprapubic) Stool 3025 <input type="checkbox"/> MUA <input type="checkbox"/> U <input type="checkbox"/> Aerobic 3023 <input type="checkbox"/> MSA <input type="checkbox"/> STO <input type="checkbox"/> Aerobic	
Other site (specify site: _____) 3053 <input type="checkbox"/> MAFC <input type="checkbox"/> Acid fast bacilli (AFB)	
Other site (specify site: _____) 3031 <input type="checkbox"/> MXA <input type="checkbox"/> Aerobic 3032 <input type="checkbox"/> MXB <input type="checkbox"/> Aerobic & Anaerobic	
OTHER CULTURES (Please specify sample site: _____) 3029 <input type="checkbox"/> MACAC <input type="checkbox"/> Acanthamoeba ^{1,2} 3028 <input type="checkbox"/> MFC <input type="checkbox"/> Fungus 3085 <input type="checkbox"/> MSTRB <input type="checkbox"/> eS <input type="checkbox"/> Streptococcus group B screen 3065 <input type="checkbox"/> MCREs <input type="checkbox"/> STO/eS <input type="checkbox"/> Carbapenem-resistant Enterobacterales (CRE) screen (Stool / Rectal swab) 3056 <input type="checkbox"/> MRSAS <input type="checkbox"/> MeS/eS <input type="checkbox"/> Methicillin-resistant Staphylococcus aureus (MRSA) screen (Nasal / Axilla / Groin / Wounds / Drains / specify site: _____) 3055 <input type="checkbox"/> MVRES <input type="checkbox"/> STO/eS <input type="checkbox"/> Vancomycin-resistant Enterococcus (VRE) screen (Stool / Rectal swab) 3086 <input type="checkbox"/> MCAAS <input type="checkbox"/> MeS/eS <input type="checkbox"/> Candida auris screen (Nasal / Axilla / Groin)	
¹ Special transport medium with prior arrangement with Microbiology is required ² Special instructions, pls refer to service guide Legend: eS = eSwab; MeS = MRSA eSwab (double); UTM = Universal transport medium; coloured cells = blood collection tubes/bottles; U = Urine; STO = Stool; blank = sterile containers/transport media as appropriate	ADDITIONAL TESTS / COMMENTS _____ _____ _____