MICROBIOLOGY

Svc Code Prefix	WARD	BED	CLINIC
002			

Mandatory Information
Name:
NRIC:
Gender:
Date of Birth:
Account Number:

Please paste label upright and within the box

For LAB use only:

Lab Accn No.

Doctor

MCR NO

Clinical Diagnosis / Medication

Collected Date: _____ Collected Time: _____

CULTURE AND SENSITIVITY TEST

Blood (Vein / Line / specify site: _____)

3005 MBA Aerobic
3006 MBB Aerobic & Anaerobic
3034 MBF Fungus

CSF (LP / Shunt / Reservoir)

3017 MCA Aerobic

Fluid (PD / Joint / specify site: _____)

3008 MFB Aerobic & Anaerobic

Fluid in BacT/Alert (PD / Joint / specify site: _____)

3077 MFAB Aerobic
3078 MFBB Aerobic & Anaerobic

Tissue / Biopsy / specify site: _____

3012 MTB Aerobic & Anaerobic

Wound (Surgical / Surface / specify site: _____)

3044 MWA Aerobic
3045 MWB Aerobic & Anaerobic

Respiratory (Nose / Throat / Sputum / ETT / BAL)

3041 MRA Aerobic
3062 MRACF Aerobic, cystic fibrosis

Urethal / Endocervical / Neonatal eye

3021 MGC Gonococcus

Other site (specify site: _____)

3046 MHELC Helicobacter pylori [3]

Urine (MSU / Cath / Bag / Suprapubic)

3025 MUA U Aerobic

Stool

3023 MSA STO Aerobic

Other site (specify site: _____)

3027 MAC Acid fast bacilli (AFB)

Other site (specify site: _____)

3031 MXA Aerobic
3032 MXB Aerobic & Anaerobic

OTHER CULTURES (Please specify sample site: _____)

3029 MACAC Acanthamoeba [1 2 3]
3028 MFC Fungus
3085 MSTRB Streptococcus group B screen
3065 MCRES Carbapenem-resistant Enterobacterales (CRE) screen (Stool / Rectal swab)
3056 MRSAS Methicillin-resistant Staphylococcus aureus (MRSA) screen (Nasal / Axilla / Groin / Wounds / Drains / specify site: _____)
3055 MVRES Vancomycin-resistant Enterococcus (VRE) screen (Stool / Rectal swab)
3086 MCAAS Candida auris screen (Nasal / Axilla / Groin)

SEROLOGY

3105 ASOT ASOT
3116 MYG1 Mycoplasma Total Antibody

MOLECULAR INVESTIGATION

3601 MTMOL Molecular detection of Mycobacterium tuberculosis (Specify site: _____)
3616 MFABR UTM Influenza virus A, B and RSV PCR (Specify site: _____)
3617 MNORV STO Norovirus PCR (Stool)

ANTIGEN DETECTION (Please specify sample site: _____)

3411 RPIF UTM Respiratory virus panel IF (RSV, Adenovirus, Influenza virus A, B, Parainfluenza virus 1,2,3)
3422 HSVIF UTM Herpes simplex virus (HSV) IF
3423 VZVF UTM Varicella-zoster virus (VZV) IF
3134 MCRYP Cryptococcal antigen (CSF / Serum)
3009 ASG1 Aspergillus galactomannan antigen (Serum)
3009 ASGB Aspergillus galactomannan antigen (BAL)
3009 ASGC Aspergillus galactomannan antigen (CSF)
3022 MTCV Trichomonas, Candida and Bacterial Vaginosis
3308 MFCPT STO Faecal Calprotectin
3024 MSB STO Clostridioides difficile toxin (Stool)

MICROSCOPIC EXAMINATION / MISCELLANEOUS

3207 MGS Gram smear (Specify site: _____)
3206 MFS Fungal smear (Specify site: _____)
3205 MAS AFB smear (Specify site: _____)
3220 URCM U Urine Red Cell Morphology
3304 MOB STO Occult Blood (Stool)
3204 MOC Ova, cyst and parasites examination (Stool / specify site: _____)
3305 MRV STO Rotavirus (Stool)
3224 MFGS STO Fat Globules (Stool)
3221 MCRYM Microscopy - Cryptosporidium, Cyclospora, Cystoisospora (Stool / specify site: _____)
3222 MMICM Microscopy - Microsporidia (Eye / Stool / specify site: _____)

[1] Special transport medium required

[2] Prior arrangement with Microbiology is required

[3] Special instruction required (pls refer to service guide)

ADDITIONAL TESTS / COMMENTS