

Name.....H.N.....Gender..... Age.....

Hospital/Clinic.....Requested by.....

Diagnosis..... Collected date/time.....

Specimen:

- |                                      |   |   |
|--------------------------------------|---|---|
| <input type="checkbox"/> Blood       | <input type="checkbox"/> Bronchial wash   | <input type="checkbox"/> CSF              |
| <input type="checkbox"/> Joint fluid | <input type="checkbox"/> Peritoneal fluid | <input type="checkbox"/> Pleural fluid    |
| <input type="checkbox"/> PDF         | <input type="checkbox"/> Rectal swab      | <input type="checkbox"/> Stool            |
| <input type="checkbox"/> Sputum      | <input type="checkbox"/> Throat swab      | <input type="checkbox"/> Pus from.....    |
| <input type="checkbox"/> Urine (MSU) | <input type="checkbox"/> Urine (Cath)     | <input type="checkbox"/> Tissue from..... |
| <input type="checkbox"/> Other.....  |   |   |

Test: Culture

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Aerobe                                | <input type="checkbox"/> Aerobe: blood   | <input type="checkbox"/> Anaerobe                  |
| <input type="checkbox"/> Fungus                                | <input type="checkbox"/> Fungus Nocardia | <input type="checkbox"/> Mycobacterium culture (R) |
| <input type="checkbox"/> Mycobacterium culture : blood (R)     |  |  |
| <input type="checkbox"/> Identification [ผล gram stain: .....] |  |  |
| <input type="checkbox"/> Other.....                            |  |  |

Special test:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> <i>C.difficile</i> Toxin A/B |  |  |
| <input type="checkbox"/> PCR for TB                   | <input type="checkbox"/> PCR for MDRTB | <input type="checkbox"/> PCR for 7 bacterial gastroenteritis |
| <input type="checkbox"/> TB Ag MPT64 rapid test       |  |  |
| <input type="checkbox"/> Other.....                   |  |  |