



**BACTERIOLOGY, MYCOLOGY, PARASITOLOGY TESTS**

Patient's Name Label

(For Downtime Use)  
 Name:  
 MRN:  
 Account Number:  
 Date of Birth:  
 Sex: M / F (Circle One)

Ward/Bed: \_\_\_\_\_ Clinic: \_\_\_\_\_ Class: \_\_\_\_\_

Patient Type <input type="checkbox"/> Gynae <input type="checkbox"/> Obstetric <input type="checkbox"/> Neo <input type="checkbox"/> Medicine <input type="checkbox"/> Surgery	Relevant History/Findings/Treatment	Laboratory Barcode   <p style="text-align: center;"><b>For Laboratory Use Only</b></p>
Clinical Diagnosis	Antibiotics: <input type="checkbox"/> No <input type="checkbox"/> Yes Specify: _____	
Name & Signature of Requesting Doctor  Hp / Contact no (indicate if urgent)  Name of Consultant I/C  Date	Date _____ Time _____ am / pm	

Please (tick) appropriate boxes below

Bacterial Culture (Common orders by site)			Other Cultures By Organism		
Billing Code	(Tick)	Test	Billing Code	(Tick)	Test
BA0047	<input type="checkbox"/>	Aerobic Culture (Miscellaneous Culture)	BA0043	<input type="checkbox"/>	AFB Culture
BA0103	<input type="checkbox"/>	Blood culture (aerobic)	BA0036	<input type="checkbox"/>	Fungal Blood Culture
BA0032B	<input type="checkbox"/>	Blood culture (anaerobic)	BA0036	<input type="checkbox"/>	Fungal Culture
BA0104	<input type="checkbox"/>	CSF Gram Stain plus Culture	IM0033	<input type="checkbox"/>	Mycoplasma hominis culture (require special media)
BA0047	<input type="checkbox"/>	Ear Culture	BA0044	<input type="checkbox"/>	Neisseria gonorrhoeae Culture
BA0106V	<input type="checkbox"/>	ESBL and VRE Screen (stool/rectal swab)	IM0161	<input type="checkbox"/>	Ureaplasma Culture (require special media)
BA0047	<input type="checkbox"/>	Eye Culture	Molecular Test		
BA0047M	<input type="checkbox"/>	MRSA Screening (Patient, without antibiotic susceptibility testing)	BA0332	<input type="checkbox"/>	Bordetella pertussis PCR
BA0047	<input type="checkbox"/>	Respiratory gram stain plus culture	BA0060	<input type="checkbox"/>	Chlamydia trachomatis PCR
BA0106	<input type="checkbox"/>	Stool Culture	BA0325	<input type="checkbox"/>	Chlamydia pneumoniae PCR
BA0047	<input type="checkbox"/>	Swab (wound) Culture	BA0324	<input type="checkbox"/>	Mycoplasma pneumoniae PCR
BA0047T	<input type="checkbox"/>	Tissue Culture	BA0141	<input type="checkbox"/>	Neisseria meningitidis PCR
BA0105	<input type="checkbox"/>	Urine Culture	Bacteria Serology		
BA0047	<input type="checkbox"/>	Vaginal swab culture (including Group B Streptococcus Screen)	BA0010	<input type="checkbox"/>	Anti-Streptolysin O Titre (ASOT)
Microscopy/Immunofluorescence			BA0311	<input type="checkbox"/>	Bartonella serology
BA0091	<input type="checkbox"/>	AFB Smear	IM0020	<input type="checkbox"/>	Brucella Serology
BA0100	<input type="checkbox"/>	Parasite Microscopy (Scabies)	IM0090	<input type="checkbox"/>	Legionella Antibody
BA0094	<input type="checkbox"/>	Fungal Microscopy (for ETTA, Urine, Stool)	IM0091	<input type="checkbox"/>	Leptospira IgM, EIA
BA0080	<input type="checkbox"/>	Gram stain Smear	RV0040	<input type="checkbox"/>	Mycoplasma pneumoniae PA (Particle Agglutination) Test
BA0092	<input type="checkbox"/>	Ova/Cysts/Parasites, Microscopy (Stool)	BA0028	<input type="checkbox"/>	Rickettsia Serology Panel (Rickettsia rickettsii IgG, Rickettsia typhi IgG, Orientia tsutsugamushi IgG)
BA0190	<input type="checkbox"/>	Pneumocystis jirovecii, Microscopy	IM0170	<input type="checkbox"/>	Syphilis screen-Treponemal Pallidum Antibody (CMIA)
Antigen / Probe			IM0154	<input type="checkbox"/>	Syphilis TPPA Antibody, Blood
BA0344	<input type="checkbox"/>	Clostridium Difficile Toxins A & B Profile	IM0170S	<input type="checkbox"/>	Syphilis VDRL Antibody, Blood
IM0061	<input type="checkbox"/>	Cryptococcus Antigen (Qualitative), CSF	IM0170S	<input type="checkbox"/>	Syphilis VDRL Antibody, CSF
IM0061	<input type="checkbox"/>	Cryptococcus Antigen (Qualitative), Blood	BA0150	<input type="checkbox"/>	Widal/Weil Felix Serology
IM0180	<input type="checkbox"/>	Galactomannan (Aspergillus) Antigen, Blood	Parasite and Fungi Serology		
IM0180	<input type="checkbox"/>	Galactomannan (Aspergillus) Antigen, BAL	IM0011	<input type="checkbox"/>	Amoebic Antibody
BA0200	<input type="checkbox"/>	Rotavirus Antigen (Stool)	IM0156	<input type="checkbox"/>	Toxoplasma IgG antibody
BA0310	<input type="checkbox"/>	VP3 DNA Prone Test (Trichomonas, Gardnerella, Candida) – Vaginal Swab	IM0155	<input type="checkbox"/>	Toxoplasma IgM antibody
Others			<input type="checkbox"/> Others: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>		
IM0074	<input type="checkbox"/>	Haemophilus ducreyi Culture			
BC9999	<input type="checkbox"/>	Legionella Culture			