



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"/> Obst <input type="checkbox"/> Neo <input type="checkbox"/> Medicine <input type="checkbox"/> Surgery	Relevant History/Findings/Treatment	Laboratory Barcode
Clinical Diagnosis	For Laboratory Use Only	
Name & Signature of Requesting Doctor Hp / Contact no (indicate if urgent) Name of Consultant I/C Date	Antibiotics: <input type="checkbox"/> No <input type="checkbox"/> Yes Specify: _____	Date & Time Specimen Taken Date _____ Time _____ am / pm

Please (tick) appropriate boxes below

Bacterial Culture (Common orders by site)		
Billing Code	(Tick)	Test
BA0047	<input type="checkbox"/>	Aerobic Culture (Misc Culture)
BA0103	<input type="checkbox"/>	Blood culture (aerobic)
BA0032B	<input type="checkbox"/>	Blood culture (anaerobic)
BA0104	<input type="checkbox"/>	CSF Gram Stain plus Culture
BA0047	<input type="checkbox"/>	Ear Culture
BA0106V	<input type="checkbox"/>	ESBL and VRE Screen (stool/rectal swab)
BA0047	<input type="checkbox"/>	Eye Culture
BA0047M	<input type="checkbox"/>	MRSA Screening (Patient, without antibiotic susc. testing)
BA0047	<input type="checkbox"/>	Respiratory gram stain plus culture
BA0106	<input type="checkbox"/>	Stool Culture
BA0047	<input type="checkbox"/>	Swab (wound) Culture
BA0047T	<input type="checkbox"/>	Tissue Culture
BA0105	<input type="checkbox"/>	Urine Culture
BA0047	<input type="checkbox"/>	Vaginal swab culture (inclu. Group B Streptococcus Screen)

Other Cultures By Organism		
Billing Code	(Tick)	Test
BA0043	<input type="checkbox"/>	AFB Culture
BA0036	<input type="checkbox"/>	Fungal Blood Culture
BA0036	<input type="checkbox"/>	Fungal Culture
IM0033	<input type="checkbox"/>	Mycoplasma hominis culture (require special media)
BA0044	<input type="checkbox"/>	Neisseria gonorrhoeae Culture
IM0161	<input type="checkbox"/>	Ureaplasma Culture (require special media)

Molecular Test		
Billing Code	(Tick)	Test
BA0332	<input type="checkbox"/>	Bordetella pertussis PCR
BA0060	<input type="checkbox"/>	Chlamydia trachomatis PCR
BA0325	<input type="checkbox"/>	Chlamydia pneumoniae PCR
BA0324	<input type="checkbox"/>	Mycoplasma pneumoniae PCR
BA0141	<input type="checkbox"/>	Neisseria meningitidis PCR

Microscopy / Immunofluorescence		
Billing Code	(Tick)	Test
BA0091	<input type="checkbox"/>	AFB Smear
IM0036	<input type="checkbox"/>	Chlamydia Antigen Immunofluorescence
BA0094	<input type="checkbox"/>	Fungal Microscopy (for ETТА, Urine, stool)
BA0080	<input type="checkbox"/>	Gram stain Smear
BA0092	<input type="checkbox"/>	Ova/Cysts/Parasites, Microscopy (Stool)
BA0190	<input type="checkbox"/>	Pneumocystis jirovecii, Microscopy

Bacteria Serology		
Billing Code	(Tick)	Test
BA0010	<input type="checkbox"/>	Anti-Streptolysin O Titre (ASOT)
BA0311	<input type="checkbox"/>	Bartonella serology
IM0020	<input type="checkbox"/>	Brucella Serology
IM0090	<input type="checkbox"/>	Legionella Antibody
IM0091	<input type="checkbox"/>	Leptospira IgM, EIA
RV0040	<input type="checkbox"/>	Mycoplasma pneumoniae PA (Particle Agglutination) Test
BA0028	<input type="checkbox"/>	Rickettsia Serology Panel (Rickettsia rickettsii IgG, Rickettsia typhi IgG, Orientia tsutsugamushi IgG)
IM0170	<input type="checkbox"/>	Syphilis screen-Treponemal Pallidum Antibody (CMIA)
IM0154	<input type="checkbox"/>	Syphilis TPPA Antibody, Blood
IM0170S	<input type="checkbox"/>	Syphilis VDRL Antibody, Blood
IM0170S	<input type="checkbox"/>	Syphilis VDRL Antibody, CSF
BA0150	<input type="checkbox"/>	Widal/Weil Felix Serology

Antigen / Probe		
Billing Code	(Tick)	Test
BA0344	<input type="checkbox"/>	Clostridium Difficile Toxins A & B Profile
IM0061	<input type="checkbox"/>	Cryptococcus Antigen (Qualitative), CSF
IM0061	<input type="checkbox"/>	Cryptococcus Antigen (Qualitative), Blood
IM0180	<input type="checkbox"/>	Galactomannan (Aspergillus) Antigen, Blood
IM0180	<input type="checkbox"/>	Galactomannan (Aspergillus) Antigen, BAL
BA0200	<input type="checkbox"/>	Rotavirus Antigen (Stool)
BA0310	<input type="checkbox"/>	VP3 DNA Probe Test (Trichomonas, Gardnerella, Candida) - vaginal swab

Parasite and Fungi Serology		
Billing Code	(Tick)	Test
IM0011	<input type="checkbox"/>	Amoebic Antibody
IM0156	<input type="checkbox"/>	Toxoplasma IgG antibody
IM0155	<input type="checkbox"/>	Toxoplasma IgM antibody

Others		
Billing Code	(Tick)	Test
IM0074	<input type="checkbox"/>	Haemophilus ducreyi Culture
RV0097	<input type="checkbox"/>	Legionella Immunofluorescence