

MICROCARE LABORATORY & TRC
REQUISITION FORM

PATIENT'S FULL NAME:

AGE/SEX:

REF.BY:

REF.BY LAB.:

COLLECTION DATE & TIME:

Clinical history:

List of current antibiotics:

Source of Specimen: _____

Test[s] Requested:

- ❖ Gram Stain
- ❖ AFB Smear
- ❖ Aerobic C / S
- ❖ Fungi Smear
- ❖ Fungi Culture
- ❖ Fungi Sensitivity
- ❖ Anaerobic culture
- ❖ Blood culture & sensitivity [conventional]
- ❖ Blood culture & sensitivity [BacT alert]
- ❖ MIC

AFB CULTURE & SENSITIVITY [NO SWABS]

- ❖ AFB Culture & Sensitivity by Bactek MGIT
- ❖ AFB Culture & Sensitivity by L.J. Media [Conventional]
- ❖ M.tb / MDR by LPA
- ❖ M.tb / NTM [13 spp.] identification by LPA
- ❖ M.tb / XDR by LPA
- ❖ M.TB/Rif by GeneXpert

ANY MICROBIOLOGY TEST NOT LISTED ON REQUISITION PLEASE SPECIFY.

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MIC/PR/01/00

FIRST PAGE

REQUISITION SLIP

MIC/PR/01/00



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