



**UPM**  
UNIVERSITI PUTRA MALAYSIA  
BERILMU BERBAKTI

**HOSPITAL SULTAN ABDUL AZIZ SHAH  
UNIVERSITI PUTRA MALAYSIA  
Document Code: HSAAS/MIKRO/BR09**

**MICROBIOLOGY LABORATORY REQUEST FORM**

**Patient's particular**

**Lab. number**

MRN No.	Ward/Clinic	Test requested
Name		
Passport no./NRIC		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race <input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Other	Specimen collection date and time

**Clinical History & Diagnosis**

**Specimen source**

Midstream Urine       Stool

Non-Midstream Urine       Blood

High Vaginal swab       CSF

Body fluid (Please specify) \_\_\_\_\_

Others: \_\_\_\_\_

**Requesting Doctor (Sign and Stamp)**

**Antimicrobial treatment**