



**LAB REQUEST FORM FOR SUSPECTED CASE OF INFLUENZA A(H1N1)**  
**Disease Control Division**  
**Ministry Of Health Malaysia**  
**HOSPITAL \_\_\_\_\_**

MAKMAL KESIHATAN AWAM KEBANGSAAN SUNGAI BULOH SELANGOR		FOR LAB USE
		LAB NO.
<b>HOSPITAL:</b>		
1. Name:	2. Reg. No:	
3. NRIC:	4. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
5. Age:	6. Race:	7. Occupation:
8. Marital Status:		12. Type of specimen:  <input type="checkbox"/> Nasopharyngeal Asp/wash <input type="checkbox"/> Throat swab <input type="checkbox"/> Throat gargle <input type="checkbox"/> Nasal swab <input type="checkbox"/> Sputum <input type="checkbox"/> Blood <input type="checkbox"/> Serum <input type="checkbox"/> Urine <input type="checkbox"/> Others: -----  Doctor's Name: -----  Contact No.: -----  Signature: -----
9. Clinical Findings: • Symptoms: <span style="float: right;">date of onset (dd/mm/yr)</span> <input type="checkbox"/> Cough _____ <input type="checkbox"/> Shortness of breath _____ <input type="checkbox"/> Difficulty in breathing _____ <input type="checkbox"/> Hypoxia _____ <input type="checkbox"/> Fever _____ <input type="checkbox"/> Runny nose _____ <input type="checkbox"/> Acute respiratory distress syndrome _____  • Signs: <span style="float: right;">• Investigation:</span> Temperature: _____ WBC _____ Lung: _____ Platelet _____  10. History of travelling to affected countries <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">Chest x-ray _____</span>  11. History of contact with case of /suspect of influenza A(H1N1) <input type="checkbox"/> Yes <input type="checkbox"/> No :		