



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

VIROLOGY UNIT INSTITUTE FOR MEDICAL RESEARCH JALAN PAHANG 50588 KUALA LUMPUR		FOR LAB USE
		LAB NO.
HOSPITAL:		
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: date of onset (dd/mm/yr) <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: • Investigation: Temperature: _____ WBC _____ Lung: _____ Platelet _____ 10. History of travelling to affected countries <input type="checkbox"/> Yes <input type="checkbox"/> No Chest x-ray _____ 11. History of contact with case of /suspect of influenza A(H1N1) <input type="checkbox"/> Yes <input type="checkbox"/> No :		