

Test request form Bacteriology and Parasitology-Mycoology

PATIENT

First name(s):

Surname:

Date of birth: [][][][][][][][][] Gender: F M

Referring laboratory:

Reference/Patient reference:

Clinical details:

Laboratory stamp
or barcode label

Compulsory Stick
your laboratory identification sticker here

Sample date: [][][][][][][][][]

BACTERIOLOGY

Name of micro-organism (obligatory):

Origin (obligatory):

OR SAMPLE TYPE:

- Blood culture/blood Urines Stools Semen
- CSF Uro-génital - (Specify) :
- Respiratory/ORL - (Specify) :
- Puncture Fluid - (Specify) :
- Biopsy - (Specify) :
- Skin/mucosal - (Specify) :

STRAINS

	Aerobic bacteria	Anaerobic bacteria	Environmental bacteria
Identification	<input type="checkbox"/> (IBA)	<input type="checkbox"/> (IDANA)	<input type="checkbox"/> (HYG)
Susceptibilities	<input type="checkbox"/> (ATBSM)	<input type="checkbox"/> (ATBAN)	<input type="checkbox"/> (ATBSM)
MIC	<input type="checkbox"/> (CMIAE)	<input type="checkbox"/> (CMIAN)	<input type="checkbox"/> (CMIAE)

Antibiotic(s) requested:

SAMPLES: REQUESTED TESTS

- Test for a specific bacteria (e.g. cholera, diphtheria)
 - Aerobic/microaerophile (RBA)
 - Anaerobic (RBAN):
Specify:
 - Universal PCR/16 S PCR (PCRUN)
 - Detection of *S.aureus*/MRSA/Panton-Valentine by PCR (STABM)
 - PCR *Streptococcus pneumoniae* or *Neisseria meningitidis* (BACBM)
- Bacteriological examination of a sample (BAF)
Specify:
- Direct examination
 - Haemophilus ducreyi* or donovanosis (BADUC)
- Screening for multiresistant or highly resistant bacteria (BMR)
 - Targeted (RBA) - Please specify:
 - Systematic
 - Nasal (Test for MRSA only) (RBA)
 - Rectal swab/stools (Glycopeptide-resistant enterococcus, C3G-resistant enterobacteria, Carbapenem-resistant enterobacteria) (RBA x 3)
- Urogenital mycoplasma (MYCC)
- Screening and typing
 - Serotyping by agglutination (e.g.: *E. coli* K1 ; O157...) (STYPB)
 - PCR test for *E. coli* virulence genes: (COLHE)
- Soluble bacterial antigens search
 - Streptococcus pneumoniae* (PNAGD)
 - Legionella pneumophila* (LEGAG)
- Other:

- Clostridium difficile***
 - Glutamate dehydrogenase (GDH) screening (+toxins)*
 - Toxigenic culture (CLOUDS)
 - PCR screening (toxin B, binary and clone O27) (CLOBM)
- Helicobacter pylori***
 - Culture (HELUCU)
 - Antibiotic susceptibilities (ATBSM)
 - HP and genes for resistance to clarithromycin and fluoroquinolones by PCR (HPGEN)
 - Test for antigens in stools (HELUS)*

*sensitive preanalytical: beware of shipping conditions

PARASITOLOGY-MYCOLOGY

Name of fungus (obligatory):

Origin (obligatory):

OR SAMPLE TYPE:

- Blood/serum CSF
- Uro-genital - (Specify) :
- Respiratory
 - Pulmonary - (Specify) :
 - ORL - (Specify) :
- Digestive: Mouth Stools Other:
- Puncture fluid - (Specify) :
- Biopsy - (Specify) :
- Skin appendages: Skin Nails Hair

STRAINS

- Identification (MYCID)
- Antifungals susceptibilities (ATF3)
- Minimal Inhibition Concentration (CMIMY)
Antifungal(s) requested:

SAMPLE: REQUESTED TESTS

- Parasite screening
 - Cryptosporidia (CRYPS)
 - Microsporidia by PCR (MICBM)
 - Leishmania by ED (LEIMS)
 - Leishmania by PCR (LEIBM)
 - Filary (FILH)*
 - Trypanosomes (TRYPR)*
 - Scabies (GALER)
 - Demodex (DEMO)
 - Enterobiasis/scotch test (OXYUR)
 - Urinary bilharzia by PCR (BILBM)*
 - Parasite identification (PARAS)
 - Telluric amoeba genus *Acanthamoeba* by PCR (AMIBM)
 - Parasites on digestive biopsies by PCR (BIOBM)
- Test for yeasts or filamentary fungi in a specimen
 - Standard mycology (ATF)
 - Malassezia furfur*/Pityriasis versicolor (MALAS)
- Antigen tests
 - Malaria-HRP2 Antigen (PALUA)*
 - Cryptococcus Antigen (CRYPD)
- Other:

Stool parasitology (PARSP)

Recent travel abroad? YES NO
Country: Period: from / / to / /

Clinical signs ?

- Diarrhea Itching Abdominal pain Fever
- Other:

Context

- Immunosuppression Chemotherapy
- Occupational Medicine Screening
- Recent ATB / Antiparasite - (Specify) :