Institut Pasteur du Cambodge	UNITE DE BIOLOGIE MEDICALE	FOR-DST-005
	CLINICAL INFORMATION FOR BACTERIOLOGICAL EXAMINATION	Version 4

To be completed for any prescription of bacteriological examination

Patient identification (Name, Surname, DOB) :	
Laboratory / Hospital :	**Service :**
Reason of hospitalize :	
Medical history :	
Taking antibiotics during previous 6 weeks YES ☐ NO ☐	If yes Antibiotic name :
Residence (city) :	**Traveling abroad :** **(when, where)**

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