




PATIENT	Family name or ID:		REQUESTER	Name:	
	First Name:			Signature & Date:	
DOB:		Sex:	<input type="checkbox"/> F <input type="checkbox"/> M		
Address: #	Street				
Sangkat/Commune		Khan/District		Phone:	
City/Province	<input type="checkbox"/> Phnom Penh	<input type="checkbox"/> Province:		Email:	
Phone:		Email:			
Clinical Information	Clinical indication: <input type="checkbox"/> Routine Check-up <input type="checkbox"/> Other (Specify): _____ Symptoms: <input type="checkbox"/> Cough <input type="checkbox"/> Diarrhea <input type="checkbox"/> Dyspnea <input type="checkbox"/> Discharge <input type="checkbox"/> Fever <input type="checkbox"/> Sore throat <input type="checkbox"/> Ulcer <input type="checkbox"/> Others _____				
	Hospitalized patient: <input type="checkbox"/> Yes <input type="checkbox"/> No Pregnancy*: <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, last menstrual period date: _____) Antimicrobial History (Past 14 Days): <input type="checkbox"/> NO <input type="checkbox"/> Yes: Ongoing <input type="checkbox"/> Yes: Completed (Last dose taken on: _____) If "yes", name of antibiotics: _____ Other information: _____				
Sample:	General/Body Fluids: <input type="checkbox"/> Blood <input type="checkbox"/> CSF <input type="checkbox"/> Stool <input type="checkbox"/> Urine <input type="checkbox"/> Other fluid (Specify): _____ Swabs: <input type="checkbox"/> Ear (<input type="checkbox"/> Left <input type="checkbox"/> Right) <input type="checkbox"/> Eye (<input type="checkbox"/> Left <input type="checkbox"/> Right) <input type="checkbox"/> Nasal swab <input type="checkbox"/> Rectal swab <input type="checkbox"/> Throat swab Genital: <input type="checkbox"/> Cervical <input type="checkbox"/> Vaginal <input type="checkbox"/> Urethral <input type="checkbox"/> Sperm Respiratory: <input type="checkbox"/> BAL <input type="checkbox"/> Bronchial aspirate <input type="checkbox"/> Sputum Tissue (Specify): _____ Wound/Pus (Site): _____ Other Sample (Specify): _____				
	Collection date: _____ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Storage: <input type="checkbox"/> Refrigerate <input type="checkbox"/> Room temperature				

MICROBIOLOGY

Bacteriology		Parasitology
Blood culture	Bacteriology – Other sample	<input type="checkbox"/> CRYP <i>Cryptosporidium</i> in stool
Site: Arm (<input type="checkbox"/> Left <input type="checkbox"/> Right) Leg: (<input type="checkbox"/> Left <input type="checkbox"/> Right) Sample N°: <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> _____	<input type="checkbox"/> BAC Bacterial Microscopy and culture	<input type="checkbox"/> PARL Parasitology - Body fluids
<input type="checkbox"/> BACA Blood culture - Aerobic 	<input type="checkbox"/> CTNG ► <i>C. trachomatis</i> & <i>N. gonorrhoeae</i> (PCR)	<input type="checkbox"/> PARA Parasitology - Stool
<input type="checkbox"/> BACN Blood culture - Anaerobic 	<input type="checkbox"/> LPCR Leptospirosis (PCR)	<input type="checkbox"/> SCOT Scotch Test - Detection of pinworms
<input type="checkbox"/> BACP Blood culture - Pediatric 	<input type="checkbox"/> BACD Microscopy (Gram)	
Body fluid	<input type="checkbox"/> BMR Detection of Multidrug-resistant bacteria	Virology
<input type="checkbox"/> CCPO Cytology	<input type="checkbox"/> MYFA Mycoplasma	<input type="checkbox"/> ZDC Dengue / Zika / Chikungunya (PCR)
<input type="checkbox"/> BACL Bacterial Microscopy and Culture	Mycobacteriology – TB	<input type="checkbox"/> VLHB HBV Viral load
Ear, Eye, Nasal, Throat	<input type="checkbox"/> ABBK Drug Susceptibility Testing (DST) for 1 st line anti-TB drugs (INH, RIF, EMB & STM)	<input type="checkbox"/> VLHC HCV Viral load
<input type="checkbox"/> ORL Bacterial Microscopy and Culture	<input type="checkbox"/> PZA Drug Susceptibility Testing for PZA	<input type="checkbox"/> VLHI HIV-1 Viral load
Genital Tract	<input type="checkbox"/> DST2 Drug Susceptibility Testing for 2 nd line anti-TB drugs (Am, Km, Cm, FQ)	<input type="checkbox"/> HSVPCR Herpes Simplex (HSV) Type I/II (PCR)
<input type="checkbox"/> VAGI Bacterial Microscopy & Culture-Vaginal	<input type="checkbox"/> XPER ► GeneXpert MTB/RIF Ultra	<input type="checkbox"/> PHPV ► High-risk HPV (PCR)
<input type="checkbox"/> URET Bacterial Microscopy & Culture-Urethral	<input type="checkbox"/> XXDR GeneXpert MTB/XDR	<input type="checkbox"/> ROTA Rotavirus + Adenovirus
Respiratory sample	<input type="checkbox"/> MTBR GenoType MTBDRplus – 1 st line LPA for INH/RIF resistance	<input type="checkbox"/> XCOV SARS-CoV-2 (COVID-19) PCR
<input type="checkbox"/> ASPI Bacterial Microscopy & Culture	<input type="checkbox"/> MTB6 GenoType MTBDRsl – 2 nd line LPA for FQs/SLID resistance	<input type="checkbox"/> XRV SARS-CoV-2/ Flu/RSV combined PCR
Stool	<input type="checkbox"/> MTB3 Genotype MTBC - MTBC Species Identification	HBV/HCV/HIV Genotyping & Resistance
<input type="checkbox"/> COPR Bacterial Microscopy and Culture	<input type="checkbox"/> BKED ► AFB Smear microscopy	Date of last viral load: _____
<input type="checkbox"/> CDIF ► <i>Clostridium difficile</i> , toxin-producing (PCR)	<input type="checkbox"/> BKC Mycobacterial Culture (1 MGIT & 1 LJ – standard protocol)	Viral load result:
<input type="checkbox"/> SGS Fecal occult blood test	<input type="checkbox"/> 2LJ Mycobacterial Culture (1 MGIT & 2 LJ protocol)	<input type="checkbox"/> BDR1 HBV Genotype and Resistance
<input type="checkbox"/> DPYL <i>H. pylori</i> antigen	Mycobacteriology – NTM	<input type="checkbox"/> NS5 HCV Genotype
Sperm	<input type="checkbox"/> MTB4 GenoType AS: Additional NTM identification (16 species)	HIV-1 Genotypic Resistance
<input type="checkbox"/> SPEC Bacterial Microscopy & Culture	<input type="checkbox"/> MTB2 GenoType CM: Common NTM identification (13 species)	<input type="checkbox"/> HDR1 Panel 1: Reverse Transcriptase (RT) Inhibitors
Strains/Isolate	<input type="checkbox"/> NTMR Genotype® NTM-DR: MAC/ <i>M. abscessus</i> resistance (Macrolides/Aminoglycosides)	<input type="checkbox"/> HDR2 Panel 2: RT and Protease Inhibitors
Type: <input type="checkbox"/> Bacteria <input type="checkbox"/> Fungi		<input type="checkbox"/> HDR3 Panel 3: RT, Protease and Integrase Inhibitors
<input type="checkbox"/> BAID Species Identification by Maldi-TOF		OTHER TESTS:
Urine	Mycology - Fungi	
<input type="checkbox"/> ECBU Bacterial Microscopy and Culture	<input type="checkbox"/> AGS <i>Cryptococcal</i> Antigen	
<input type="checkbox"/> CYTU Cytology	<input type="checkbox"/> MYCD Mycology: Microscopy	
<input type="checkbox"/> CHUR Urinalysis (Dipstick)	<input type="checkbox"/> MYCC Mycology: Microscopy & Culture	
	<input type="checkbox"/> PCAR <i>Pneumocystis jirovecii</i>	
► Analysis performed within the MBL ISO 15189 accreditation scope		Tube: EDTA Citrated Heparin Fluoride Serum Urine

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