VIROLOGY UNIT OF REFERRAL LAB (IMR / MKAK)

FOR LAB USE

LAB NO.

LAB REQUEST FORM FOR MERS-CoV INVESTIGATIONS

HOSPITAL/CLINIC_____

1.Name:

2.Reg. No:

3.NRIC:

4.Gender: ☐ Male ☐ Female

5.Age:

6.Race:

7. Occupation:

8. Marital Status:

9. Clinical Findings:

date of onset (dd/mm/yr)

* Symptoms:

- ☐ Cough _____
- ☐ Shortness of breath _____
- ☐ Difficulty in breathing _____
- ☐ Hypoxia _____
- ☐ Fever _____
- ☐ Runny nose _____
- ☐ Acute respiratory distress syndrome _____

* Travel History:

☐ Yes

If yes please state the country (s)/ province: _____

Date of visit _____ to _____

☐ No

*Contact with confirmed MERS-CoV case

Y ☐ N ☐

Relation:

_____

*Signs:

Temperature:

_____

* Investigation:

White blood cell

_____

Platelet

_____

Chest x-ray

_____

Lungs:

_____

10. Type of specimen:

- ☐ Throat gargle
- ☐ Throat swab
- ☐ Nasopharyngeal Asp/wash
- ☐ Nasal swab
- ☐ Sputum
- ☐ Blood
- ☐ Serum
- ☐ Urine
- ☐ Faeces
- ☐ Others:

_____

Doctor's Name:

_____

Contact No:

_____

Signature:

_____