

# 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 (obligatoire) :

### OR SAMPLE TYPE:

- Blood culture/blood  Urines  Stools  Semen
- CSF  Uro-génital - (Specify) : .....
- Respiratory/URL - (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: .....
  - Pneumococcus PCR or Meningococcus PCR (BACBM)
  - Universal PCR/16 S PCR (PCRUN)
  - Detection of S.aureus/SAMR/Panton-Valentine by PCR (STABM)
- 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 SAMR 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)
- Other:** .....

- Clostridium difficile***
  - Culture (CLODS)
  - PCR screening (toxin B, binary and clone O27) (CLOBM)
  - Glutamate deshydrogenase (GDH)
  - Toxins A and B (TCD)
  - Antibiotic susceptibilities (ATBAN)
- Helicobacter pylori***
  - Culture (HELUCU)
  - Antibiotic susceptibilities (ATBSM)
  - HP and genes for resistance to clarithromycin and fluoroquinolones by PCR (HPGEN)
  - Test for antigens in stools (HELST)

## 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 (MICRO)
  - Leishmania by ED (LEIMS)
  - Filary (FILH)
  - Trypanosomes (TRYPR)
  - Scabies (DEMO)
  - Demodex (DEMO)
  - Enterobiasis/scotch test (OXYUR)
  - Urinary bilharzia (BILZU)
  - Parasite identification (PARAS)
- Test for yeasts or filamentary fungi in a specimen**
  - Standard mycology (ATF)
  - Malassezia furfur*/Pityriasis versicolor (MALAS)
- Antigen tests**
  - HRP2 AG (PALUA)
  - Cryptococcus (CRYPD)
- Other:** .....

- Stool parasitology**
  - Standard (PARSP)
  - Threadworm by the Baermann method (ANGSP)
- Pneumocystis jirovecii* by direct IF (PCAR)**

### PACIENT

Nume .....  
 Prenume: .....  
 Data nașterii: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Sex:  F  M  
 Laborator subcontractant .....  
 ID pacient: .....  
 Informații clinice: .....

Ștampila  
laboratorului

Ștampila laboratorului

Data recoltării [ ] [ ] [ ] [ ] [ ] [ ]

### BACTERIOLOGIE

Denumirea microorganismului (obligatoriu) : .....  
 Sursa (obligatoriu) : .....  
 **SAU TIP PROBĂ:**  
 Hemocultură  Urină  Materii fecale  Spermă  
 LCR  Uro-genitală - (Specificați) : .....  
 Respiratorie/ORL - (Specificați) : .....  
 Lichid de puncție - (Specificați) : .....  
 Biopsie - (Specificați) : .....  
 Piele- (Specificați) : .....

#### COLONII

|               | Bacterii aerobe                  | Bacterii anaerobe                | Bacterii din mediu               |
|---------------|----------------------------------|----------------------------------|----------------------------------|
| Identificare  | <input type="checkbox"/> (IBA)   | <input type="checkbox"/> (IDANA) | <input type="checkbox"/> (HYG)   |
| Sensibilitate | <input type="checkbox"/> (ATBSM) | <input type="checkbox"/> (ATBAN) | <input type="checkbox"/> (ATBSM) |
| CMI           | <input type="checkbox"/> (CMIAE) | <input type="checkbox"/> (CMIAN) | <input type="checkbox"/> (CMIAE) |

Antibiotice solicitate: .....

#### PROBE: ANALIZE SOLICITATE

- Analiză pentru o anumită bacterie (e.g. cholera, diphtheria)**
  - Aerobă/microaerofilă (RBA)
  - Anaerobă (RBAN):  
Specificați: .....
  - Pneumococcus PCR sau Meningococcus PCR (BACBM)
  - Universal PCR/16 S PCR (PCRUN)
  - Detecție de S.aureus/SAMR/Panton-Valentine prin PCR (STABM)
- Examen bacteriologic al probei (BAF)**  
Specificați: .....
- Examen direct**
  - Haemophilus ducreyi sau donovanosis (BADUC)
- Screening pentru multirezistență (BMR)**
  - Țintită (RBA) - Please specify: .....
  - Sistematică
    - Nazal (Test doar pentru SAMR) (RBA)
    - Probe rectale/materii fecale (Glycopeptide-resistant enterococcus, C3G-resistant enterobacteria, Carbapenem-resistant enterobacteria) (RBA x 3)
- Mycoplasma urogenitală (MYCC)**
- Screening și tipizare**
  - Serotipizare prin aglutinare (ex.: E. coli K1 ; O157...) (STYPB)
  - PCR pentru gene de virulență E. coli (COLHE)
- Altele:** .....

### PARAZITOLOGIE-MICOLOGIE

Name of fungus (obligatory): .....  
 Sursa (obligatoriu): .....  
 **SAU TIP PROBĂ**  
 Sânge/Ser  LCR  
 Uro-genitală - (Specificați) : .....  
 Respiratorie
 

- Pulmonară - (Specificați) : .....
- ORL - (Specificați) : .....

 Digestiv:  Gură  Materii fecale  Altele: .....  
 Lichid de puncție - (Specificați) .....  
 Biopsie - (Specificați) : .....  
 Piele și anexe:  Piele  Unghii  Păr

#### COLONII

- Identificare (MYCID)**
- Sensibilitate la antifungice (ATF3)**
- CMI (CMIMY)**  
Antifungice solicitate: .....

#### PROBĂ: ANALIZE SOLICITATE

- Screening paraziți**
  - Cryptosporidia (CRYPS)
  - Microsporidia (MICRO)
  - Leishmania by ED (LEIMS)
  - Filary (FILH)
  - Trypanosomes (TRYPR)
  - Scabies (DEMO)
  - Demodex (DEMO)
  - Enterobiasis/scotch test (OXYUR)
  - Urinary bilharzia (BILZU)
  - Identificare de parazit (PARAS)
- Test pentru fungi sau fungi filamentari**
  - Micologie standard (ATF)
  - Malassezia furfur/Pityriasis versicolor (MALAS)
- Antigen**
  - HRP2 AG (PALUA)
  - Cryptococcus (CRYPD)
- Altele:** .....

- Clostridium difficile**
  - Cultură (CLODS)
  - PCR (toxin B, binary and clone O27) (CLOBM)
  - Glutamate deshydrogenase (GDH)
  - Toxins A and B (TCD)
  - Antibiotic susceptibilities (ATBAN)
- Helicobacter pylori**
  - Cultură (HELUCU)
  - Sensibilitate la antibiotice (ATBSM)
  - HP and genes for resistance to clarithromycin and fluoroquinolones by PCR
  - HPGEN) Test for antigens in stools (HELSS)

- Stool parasitology**
  - Standard (PARSP)
  - Threadworm by the Baermann method (ANGSP)
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