

<b><u>VIROLOGY UNIT OF REFERRAL LAB (IMR / MKAK)</u></b>		FOR LAB USE	
		LAB NO. _____	
<b>LAB REQUEST FORM FOR INFLUENZA A (H7N9) INVESTIGATIONS</b>			
HOSPITAL/CLINIC _____			
1.Name:		2. Reg. No:	
3.NRIC/Passport No:		4.Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
5.Age:	6.Race:	7. Occupation:	
8. Country of Origin:		9. Marital Status:	
9. Clinical Findings:                      date of onset(dd/mm/yr)		11. Type of specimen:	
Symptoms:		<input type="checkbox"/> Throat gargle <input type="checkbox"/> Throat swab <input type="checkbox"/> Nasopharyngeal Asp/wash <input type="checkbox"/> Nasal swab <input type="checkbox"/> Sputum <input type="checkbox"/> Blood <input type="checkbox"/> Serum <input type="checkbox"/> Urine <input type="checkbox"/> Faeces <input type="checkbox"/> Others: _____	
<input type="checkbox"/> Fever _____ <input type="checkbox"/> Cough _____ <input type="checkbox"/> Difficulty in breathing _____ <input type="checkbox"/> Shortness of breath _____ <input type="checkbox"/> Runny nose _____ <input type="checkbox"/> Hypoxia _____			
Travel History:                      YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes please state the country(s)/province: _____			
Date of visit _____ to _____			
Contact with confirmed novel Influenza A (H7N9) infected <input type="checkbox"/> YES <input type="checkbox"/> NO		Doctor's Name: _____	
Relation: _____			
Contact with poultry/livestock <input type="checkbox"/> YES <input type="checkbox"/> NO		Contact No: _____	
Vital Signs:		Signature: _____	
Blood Pressure:                      ____/____ mmHg			
Pulse Rate:    ____/min			
Temperature:    ____°C			
Respiratory Rate:    ____/min			
SpO2:    ____%			
Lungs: _____		FOR LAB USE	
Investigation:		<b>RESULTS</b>	
White blood cell:                      _____		<b>Flu A rRT-PCR: Pos / Neg</b>	
Platelet:    _____			
Chest x-ray    _____			
Acute respiratory distress syndrome YES <input type="checkbox"/> NO <input type="checkbox"/>			