eurofins | Biomnis

Mycobacteria Test Request Form

PATIENT DETAILS

SURNAME: ..... **GENDER:** **MALE** ☐ **FEMALE** ☐

FIRST NAME: ..... **DATE OF BIRTH:** __ __/ __ __/__ __ __ __

ADDRESS: .....

Laboratory Identity Code	Reference
.....	.....

BIOLOGICAL SAMPLE REFERRAL

Place sample in the purple bag and the request form in the front pouch of the bag.
Transport temperature: +4°C.

Sampling Date
__ __/ __ __/ __ __

Test Requested:

- ☐ Mycobacteria Assay (direct examination + culture)
- ☐ Hansen's bacillus (slide or swab)
- ☐ Direct examination (only)
- ☐ Culture (only)
- ☐ Direct PCR (GeneXpert)
- ☐ Gene mutation for rifampicine resistance (GeneXpert)
- ☐ Gene mutation for rifampicine and isoniazide (Hain), only for positive direct examination sample

Sample type: ..... Number of samples: ☐ 1 ☐ 2 ☐ 3 ☐ other:…

Respiratory	**Extra pulmonary**	**Puncture fluid**	**Biopsy** Swab (2 swabs)
☐ Expectoration	☐ Urines	☐ Articular	
☐ Fibro aspiration	☐ CSF	☐ Ascite	Specify: .....
☐ BAL	☐ Blood	☐ Pleural	
☐ Gastric	☐ Bone marrow	Other:	
☐ Other:.....	☐ Stools		

MYCOBACTERIAL STRAIN REFERRAL

Place sample in the triple biohazard packaging with the request form (diagnobox supplied on request)
Transport temperature: ambient.

- ☐ Identification + sensitivities (M. Tuberculosis complex / M. avium complex / rapid growth)
- ☐ Identification only
- ☐ Sensitivities only → please specify the identification: Mycobacterium .....
- ☐ Gene mutation for resistance to rifampicine and isoniazide (Hain) for Mycobacterium tuberculosis complex

Sample type: ..... Seeding date: __ __/ __ __/ __ __
Direct examination: .....
Culture in ..... days

Medium sent:

Solid:	☐ Coletsos	☐ Lowenstein Jensen		
Liquid:	☐ BBL MGIT	☐ MYCO/F	☐ MB Redox	☐ Versatrek
	☐ BacT/alert	☐ Myco/F lytic	☐ BioFM	

CLINICAL DETAILS

Patient history: .....

Treatment .....