UNIVERSITY OF MALAYA MEDICAL CENTRE, DEPARTMENT OF MEDICAL MICROBIOLOGY
Unit of Parasitology | Tel: 03-7967 5735 / 4751 / 4752 | Fax: 03-7967 4754

For Laboratory Use	RN Name DOB Sex / Race Unit	

Clinical History

Provisional Diagnosis

Sample Collection **Date :**	
Time :	…….. **Doctor Requesting Investigation** Signature & Stamp

INVESTIGATION REQUESTED

BLOOD

- ☐ Malaria Screening
- ☐ Filaria Screening
- ☐ Other blood parasites (specify)…….

PCR

- ☐ Malaria
- ☐ Toxoplasmosis

SEROLOGY

- ☐ Amoebiasis
- ☐ Cysticercosis
- ☐ Echinococcosis
- ☐ Filariasis
- ☐ Leishmaniasis
- ☐ Schistosomiasis
- ☐ Strongyloidiasis
- ☐ Toxocariasis
- ☐ Toxoplasmosis

FLUIDS & EXCRETION

- ☐ Stool FEME (Ova & Cyst)
- ☐ Urine
- ☐ Vaginal discharge
- ☐ Pus
- ☐ CSF

MAGGOT & ECTOPARASITE

- ☐ Identification

BONE MARROW

- ☐ *Leishmania*

EYE WASH / CORNEAL SWAB

- ☐ *Acanthamoeba*

HISTOPATHOLOGICAL EXAMINATION OF TISSUE BIOPSIES

- ☐ Identification of parasites

PARASITOLOGY REPORT

RESULTS	
REMARKS / ADDITIONAL REQUEST	

…… **Date:**
Clinical Parasitologist
Signature & Stamp

For any enquiries regarding diagnosis and results, please call the number(s) below :
Clinical Parasitologist : 03-7967 4751 / 4752
Parasitology Lab : 03-7967 5735