

ใบขอส่งตรวจทางห้องปฏิบัติการโรคติดต่อทางเพศสัมพันธ์ (STIs Lab)

กลุ่มห้องปฏิบัติการฯ สคร.10 จ.อุบลฯ

HN.....Patient ID.....Name.....Gender( ) Male ( ) Female Age.....years

Preliminary diagnosis.....Collection date...../...../..... Time .....

<b>(1)</b>	<input type="checkbox"/> Gram stain	<input type="checkbox"/> Endocervix	<input type="checkbox"/> Vagina	<input type="checkbox"/> Urethra (male)
		<input type="checkbox"/> Gram negative diplococci	<input type="checkbox"/> Gram negative diplococci	<input type="checkbox"/> Gram negative diplococci
		<input type="checkbox"/> Intracellular ( ) Extracellular	<input type="checkbox"/> Intracellular ( ) Extracellular	<input type="checkbox"/> Intracellular ( ) Extracellular
		<input type="checkbox"/> PMN .....cells/oil field	<input type="checkbox"/> PMN .....cells/oil field	<input type="checkbox"/> PMN .....cells/oil field
		<input type="checkbox"/> Others.....	<input type="checkbox"/> Others.....	<input type="checkbox"/> Others.....

<b>(2)</b>	<input type="checkbox"/> RPR	<input type="checkbox"/> Non-reactive	<input type="checkbox"/> Anti-TP (IC/ICA)	<b>(7)</b>	<input type="checkbox"/> HBsAg
		<input type="checkbox"/> Reactive titer.....	<input type="checkbox"/> Negative		<input type="checkbox"/> Negative ( ) Positive
	<input type="checkbox"/> TPPA	<input type="checkbox"/> Non-reactive	<input type="checkbox"/> Positive		
	<input type="checkbox"/> Reactive				

<b>(3)</b>	<input type="checkbox"/> Anti-HIV	<input type="checkbox"/> Negative	<b>(8)</b>	<input type="checkbox"/> Anti-HBs
		<input type="checkbox"/> Reactive		<input type="checkbox"/> Negative ( ) Positive
		<input type="checkbox"/> Inconclusive		<input type="checkbox"/> Weakly positive
	<input type="checkbox"/> Positive by	<input type="checkbox"/> Determine HIV 1/2		
	กรณี Positive ต้องตรวจ 3 วิธี	<input type="checkbox"/> bioline HIV 1/2		
	<input type="checkbox"/> GPA	<b>(9)</b>	<input type="checkbox"/> HBeAg	
	<input type="checkbox"/> Others.....		<input type="checkbox"/> Negative ( ) Positive	

<b>(4)</b>	<input type="checkbox"/> Wet smear	<input type="checkbox"/> Normal	<b>(10)</b>	<input type="checkbox"/> Anti-HCV
	<input type="checkbox"/> <i>T. vaginalis</i> were found			<input type="checkbox"/> Negative ( ) Positive
	<input type="checkbox"/> Fungus / yeast were found.....		<b>(12)</b>	Other
	<input type="checkbox"/> Clue cells $\geq$ 20% Epithelial			.....
	<input type="checkbox"/> Others.....		.....	

<b>(5)</b>	<input type="checkbox"/> KOH	<input type="checkbox"/> Found ( ) Not found
	Remark : .....	

<b>(6)</b>	<input type="checkbox"/> Culture for GC	<input type="checkbox"/> Endocervic / Urethra	<input type="checkbox"/> Pharynx	<input type="checkbox"/> Rectum
		<input type="checkbox"/> No growth ( ) Growth	<input type="checkbox"/> No growth ( ) Growth	<input type="checkbox"/> No growth ( ) Growth
		<input type="checkbox"/> PPNG ( ) NPPNG	<input type="checkbox"/> PPNG ( ) NPPNG	<input type="checkbox"/> PPNG ( ) NPPNG

<input type="checkbox"/> Drug susceptibility	<input type="checkbox"/> Disk diffusion ( ) E-test (MIC)	<input type="checkbox"/> Disk diffusion ( ) E-test (MIC)	<input type="checkbox"/> Disk diffusion ( ) E-test (MIC)
1.Penicillin (P / PG)	.....ug/ml S I R	.....ug/ml S I R	.....ug/ml S I R
2.Tetracycline (TE/TC)	.....ug/ml S I R	.....ug/ml S I R	.....ug/ml S I R
3.Spectinomycin (SH /-)	.....ug/ml S I R	.....ug/ml S I R	.....ug/ml S I R
4.Ceftriaxone (CRO / TX)	.....ug/ml S I R	.....ug/ml S I R	.....ug/ml S I R
5.Cefixime (CFM/ IX)	.....ug/ml S I R	.....ug/ml S I R	.....ug/ml S I R
6.Ciprofloxacin (CIP / CI)	.....ug/ml S I R	.....ug/ml S I R	.....ug/ml S I R
7.Azithromycin (AZM / AZ)	.....ug/ml S I R	.....ug/ml S I R	.....ug/ml S I R

Laboratory comment.....	Requested by..... Date .....
.....	Reported by.....Date .....
.....	Approved by.....Date .....