

Please, ensure **ALL** the information is thoroughly filled out.

(For official use only)

<p>Patient Details:</p> <p>Title _____ First _____</p> <p>Middle, Last _____</p> <p>Tel: _____</p> <p>Email : _____</p> <p>Medical Record No.: _____</p> <p>Emirates ID/ Passport No.: _____</p> <p>Nationality: _____</p> <p>DOB : DD / MM / YY Gender : <input type="checkbox"/> M <input type="checkbox"/> F</p>	<p>Requester Details:</p> <p>Title _____ First _____</p> <p>Middle, Last _____</p> <p>Tel: _____</p> <p>Email: _____</p> <p>Organization: _____</p> <p>TRN number: _____</p> <p>Address: _____</p>
<p>Report to: <input type="checkbox"/> Patient <input type="checkbox"/> Requester <input type="checkbox"/> Others (Give Details): _____</p> <p>Invoice to: <input type="checkbox"/> Patient <input type="checkbox"/> Requester <input type="checkbox"/> Others (Give Details): _____</p>	

Case History(including travel history, relevant previous testing dates and results, symptoms):

Test(s) Requested: _____

Priority: Normal Urgent **(Urgent samples will incur extra charges)**

Total No. of Samples: _____

Specimen type (if relevant site of origin) _____

Collection Details:	DD/ MM / YY, __hh__:__mm__	Name and Signature
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Patient / Requester Signature _____ **Date:** _____

For MBG Lab Use Only	
Sample Remarks: <input type="checkbox"/> Accepted? <input type="checkbox"/> Rejected?	Comments:

Patient Medical Record No. _____
Please specify test request below.

(For official Use only)

<input checked="" type="checkbox"/>	Test Code	Assay Name
	HPC-191	<i>Chikungunya and Dengue virus</i>
	HPM-020	* <i>Coronavirus MERS (Middle East Respiratory Syndrome)</i>
	HPV-195	* <i>Coronavirus SARS-CoV-2 Real-Time RT-PCR</i>
	HIV-197	<i>Coronavirus SARS-CoV-2-ELISA</i>
	HPF-071	<i>Filovirus (Z-ebola and Marburg virus)</i>
	HPH-074	<i>Hepatitis B virus</i>
	HPI-070	* <u>Influenza Panel</u> • <i>Flu A</i> • <i>Flu B</i> • <i>H1N1 (swine flu)</i>
	HPI-014	* <i>Influenza H9</i> (inclusive of Influenza A)
	HPI-015	* <i>Influenza H7</i> (inclusive of Influenza A)
	HPI-016	* <i>Influenza H5</i> (inclusive of Influenza A)
	HPI-017	* <i>Influenza N1</i> (inclusive of Influenza A)
	HPN-187	* <i>Nipah Virus</i>
	HPR-192	* <i>Rabies Virus</i>
	HPG-076	* <u>Viral Gastroenteritis Panel</u> • <i>Norovirus G1 and G2</i> • <i>Rotavirus</i> • <i>Astrovirus</i> • <i>Adenovirus</i>
	HPM-077	* <u>Viral Meningitis Panel</u> • <i>HSV1 and HSV2</i> • <i>Varicella zoster virus-VZV</i> • <i>Enterovirus-EV</i> • <i>Mumps virus-MV</i> • <i>Parechovirus-PV</i>
	HPW-078	* <i>West Nile virus</i>
	HPZ-079	<i>Zika virus</i>
	HOT-080	Genomic DNA Extraction
	HOT-083	Sanger Sequencing Services
		Other test:

<input checked="" type="checkbox"/>	Test Code	Assay Name
	HPB-072	<u>Bacterial Gastroenteritis Panel</u> • <i>Enterohemorrhagic Escherichia coli (VTEC)</i> • <i>Campylobacter</i> • <i>Clostridium difficile</i> • <i>Yersinia enterocolitica</i> • <i>Shigella</i> • <i>Salmonella</i> • <i>Enteroinvasive Escherichia coli (EIEC)</i>
	HPB-025	<i>Brucella species</i>
	HPB-023	<i>Brucella abortus</i> (Inclusive of <i>Brucella spp.</i>)
	HPB-024	<i>Brucella melitensis</i> (Inclusive of <i>Brucella spp.</i>)
	HPC-028	<i>Campylobacter jejuni</i>
	HPC-029	<i>Campylobacter coli</i>
	HPC-031	<i>Chlamydomphila species</i>
	HPC-032	<i>Clostridium perfringens</i>
	HPC-033	<i>Coxiella species (Coxiella brunetti, Coxiella symbiont)</i>
	HPG-073	<u>Genital Infections/STD Screening Panel</u> • <i>Chlamydia trachomatis</i> • <i>Neisseria gonorrhoeae</i> • <i>Mycoplasma genitalium</i> • <i>HSV1 and HSV2</i> • <i>Treponema pallidum</i>
	HPL-035	<i>Legionella species</i>
	HPL-034	<i>Legionella pneumophila</i> (Inclusive of <i>Legionella spp.</i>)
	HPL-036	<i>Leptospira species</i>
	HPM-038	<i>Mycobacterium species</i>
	HPM-100	<i>Mycobacterium tuberculosis</i> (Inclusive of <i>Mycobacterium spp.</i>)
	HPM-041	<i>Mycoplasma species (General)</i>
	HPT-049	<i>Trypanosoma species (T.evansi, T.brucei)</i>

Unless otherwise specified all our assays use PCR methodology.
For any test not mentioned above kindly check our website.

*Samples for these assays (except CSF and EDTA Blood) must be collected in RNA preservative media (Viral transport media/ Universal Transport media) in the ratio 1:2. Tissue samples must be completely submerged in RNA preservative media. Culture samples must be sent frozen or in viral transport media. Samples for these assays must not be send on FTA cards. Please refer to [MBG-C0014 Sample Collection, Storage and Transport guidelines-Medical](#) for more information (www.mbg.ae). RNA preservative media is available from MBG Lab. If samples for RNA virus testing is not in RNA preservative media they must be frozen immediately and transported at the same condition