

FM2085

REQUEST FORM – Molecular Subtyping for *Listeria monocytogenes* (Lm)
Microbiological Diagnostic Unit – Public Health Laboratory

Department of Microbiology & Immunology, The University of Melbourne (APA)
Level 1, The Peter Doherty Institute for Infection and Immunity, 792 Elizabeth Street, Melbourne, VIC 3000
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Director: Prof. Benjamin Howden, MBBS, FRACP, FRCPA, PhD, 206527 QB

Referring authority / address for report

Name (Person) (Organisation)
Address
Postcode Phone No. Fax No.

Submitting lab (No report issued):

Name & address
..... Phone No.

Signed (Requestor): Date

Test Requested

Typing of Isolates

Isolates(s) submitted

**** NB: For each isolate please include photocopy of original request form and your report to date ****

No	MDU No.	Submitting Laboratory's Number	Culture Isolated From	Batch No. (if applicable)	Sample collection date	Photocopy included (✓)	
						Original Request	Submitting Lab Report
1	MDU USE ONLY						
2							
3							
4							
5							
6							
7							
8							
9							
10							



NATA/RCPA
Accredited Laboratory No. 1019

FM2085-1.2 Custodian: Quality Coordinator Auth: Director 26/02/2016