

FM2152

REQUEST FORM – SOIL AND ORGANIC MATTER  
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  
Ph (03) 8344 5713 Fax (03) 8344 7833 Email [publichealth.lab@mdu.unimelb.edu.au](mailto:publichealth.lab@mdu.unimelb.edu.au)  
Director: Prof. Benjamin Howden, MBBS, FRACP, FRCPA, PhD, 206527 QB

SO

Reference Nos.

FOR MDU USE ONLY			
Delivery No.:	COC No.	Request Form No.	Submitter's Reference No.

Referring authority / address for report

Name (Person)..... (Organisation).....

Postal Address .....

Postcode ..... Phone No. .... Fax No. ....

**Copy to:** Name ..... Postal Address .....

Submitter (if not as above)

Name ..... Organisation ..... Phone no. ....

Request

**TEST(s) REQUESTED to detect and characterise: *Coxiella burnetii*, *Bacillus anthracis* and *Clostridium botulinum***

.....

1. C. burnetii initial detection by PCR
2. C. burnetii confirmation of positives on 1
3. B. anthracis initial spore detection (RAMP)
4. B. anthracis initial spore detection via culture
5. B. anthracis initial detection by PCR
6. B. anthracis isolation of positives in 3, 4, or 5
7. B. anthracis phenotypic ID of Bacillus from 6
8. B. anthracis genotypic ID of Bacillus from 6
9. Clostridium botulinum initial detection by PCR
10. Clostridium botulinum isolation and phenotypic ID of positives from 9
11. Clostridium botulinum confirmation of Clostridium from 10.

**Premises Sampled (Name)** .....

**(required for SSBA)**

**(Address)** .....

**Signed (Requestor)**..... **Date** .....



NATA/RCPA Accredited Laboratory No. 1019

FM2152-1.2 Custodian: Quality Coordinator Auth. Director  
26/02/2016 Parent Doc: SRS001

**Sample(s) submitted**

Does Chain of Custody apply to this request?  Yes  No      If Yes, please refer to explanations on the bottom of this form.

No.	MDU No. (MDU Use only)	Your ID/ref no.	Submission (2)				Collected	
			Sample Type (1)	Description	Location	Depth	Date	Time
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

For MDU Use Only

(1) S=Soil; M=Organic matter; O=Other (Specify eg Environmental samples) For all samples specify exact sampling location  
 (2) Comments on why these particular samples were chosen are helpful to analysis

**For Chain of Custody only:**

Is this submission made under Chain of custody?  Yes  No  
 If Yes, has MDU form FM 979 been completed?  Yes  No

*Chain of custody is necessary whenever legal action may follow under any Act, especially in food or water borne outbreaks. It refers to the ability to trace possession from time of collection, and handling of sample or specimen through transport, storage, analysis and final disposition.*

Does this submission have more than 1 sealed item?  Yes  No  
 If Yes, has MDU form FM 1718 been completed?  Yes  No

*When there is a need for individual specimen or sample security and there is more than one individual container, details of each seal should be provided to ensure any evidence of tampering can be ruled out.*

