

**REQUEST FORM – Cryptosporidium Typing**

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 Director: Prof. Benjamin Howden, MBBS, FRACP, FRCPA, PhD, 206527 QB

Report to: Name  
 Address

cc: Name  
 Address

**Test Requested:** Speciation and Genotyping of Cryptosporidium which have been identified in stool

**Specimen Details**

NB: For each specimen, please include photocopy of:

- (a) Original Request Form (This avoids need to transcribe)
- (b) Referring Laboratory Report (If readily available, but all should be known cryptosporidium positives)

MDU Number	Patient Name	Referring Lab Number	Photocopy of Original Request Form included? (✓)	Photocopy of Report included? (✓)