

FM2179**REQUEST & CHAIN OF CUSTODY FORM – SSBA SPECIMENS FOR STORAGE
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
 Director: Prof. Benjamin Howden, MBBS, FRACP, FRCPA, PhD, 206527 QB

Reference Nos.**FOR MDU USE ONLY**

Delivery No.:	COC No.	Request Form No.	Submitter's Request Reference No.
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Submitter's Details

Name	Organisation	Phone no.
Postal Address		

Storage Request Details

Anticipated Duration of Storage	Storage Temp. Requirements <input type="checkbox"/> Room Temperature <input type="checkbox"/> 4°C <input type="checkbox"/> -20°C <input type="checkbox"/> -70°C <input type="checkbox"/> Other [details]
Anticipated Frequency of Access Required	Signed (Requestor) Date

Chain of Custody Details

Details of how item sealed and by whom [For multiple seals, enclose FM1718]					FM1718 Y / N	Date
Sealed Y / N	What sealed?	Nature of Seal	Initialed Y / N	Seal identifiers	Name & Signature of person who sealed	Date & Time Sealed

Details of Person first collecting the Specimen/Sample and starting the Chain of Custody#						
Organisation	Phone	Fax	Name (printed)	Number	Signature	Date & Time

Unless sample always remains in the collecting individual's physical possession or sight from initial collection to laboratory delivery the outer container must be sealed, and, the seal must be tamper proof or tamper evident and bear initials or other mark of the person sealing it or be otherwise identified.

Where Chain of Custody started
Place where Chain of Custody started [Details here reflect beginning of chain of custody location]

Subsequent Chain of Custody [to be completed by each person taking or relinquishing custody, including to and from storage]							
Organisation	Phone	Collection/Delivery/ Storage (C/D/S) Events			Collection / Delivery / Storage Address	Name (printed)	Relinquishing/ Accepting Signature
		C/D/S	Date	Time			
		Delivered					
		C/D/S					
		C/D/S					
		C/D/S					

Specimen(s) submitted

No	MDU No. (MDU Use only)	Cultures					Patient Origin			
		Your ID/ref no.	Date of origin	Name of Organism	Original source	Subsequent History	Name*	DOB/Age*	Sex	Home Post code
1	MDU USE ONLY									
2										

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NATA/RCPA Accredited Laboratory No. 1019

FM2179 -1.2 Custodian: Quality Coordinator Auth. Director
26/02/2016 Parent Doc: SRS001

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		Your ID/ref no.	Date of origin	Name of Organism	Original source	Subsequent History	Name*	DOB/Age*	Sex	Home Post code
3	MDU USE ONLY									
4										
5										
6										
7										
8										
9										
10										

Shipment details

Transport Agent	Waybill/Consignment No.	Expected Time & Date of Arrival
At time of shipment forward Shipment Details to MDU: fax (03) 8344 7833 or email publichealthlab@mdu.unimelb.edu.au		

FOR MDU USE ONLY

Delivery Description [If insufficient space use FM 1718]							FM1718 used Y / N	
No. of Containers	Sealed Y / N	Seal Tamper Y / N	Seal initialled Y / N	Seal ID	Photo Y / N	Photo Ref	Photographer	
Description						Entry on FM1070 done (Tick) <input type="checkbox"/>	Entry on FM2104 <input type="checkbox"/> done (Tick) SSBA RER No.	
Storage Requirement (Tick) <input type="checkbox"/> Room Temperature <input type="checkbox"/> 4°C <input type="checkbox"/> -20°C <input type="checkbox"/> -70°C <input type="checkbox"/> Other [details]								
Refrigeration on Arrival (Tick)				<input type="checkbox"/> Nil <input type="checkbox"/> Warm Ice Pack <input type="checkbox"/> Cold Ice Pack <input type="checkbox"/> Dry Ice <input type="checkbox"/> Other				
Accepted by [MDU PHL Staff Member]								
Name		Signature			Date		Time	



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