REQUEST FORM – HUMAN SPECIMENS FROM PUBLIC HEALTH INVESTIGATIONS
Microbiological Diagnostic Unit – Public Health Laboratory
Department of Microbiology & Immunology, University of Melbourne (APA) VIC 3010
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

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.

Department of Health (DH) coordinated Investigations
DH O/B Cluster Name: DH O/B No.
NIDS number: □ Follow-up/clearance specimen
Other:  □ Contact screening
cc to: ............................................................(Department of Health)

Non- Department of Health (DH) coordinated Investigations
Reason for testing:  □ Complaint to Council  □ Other ………………………….…………………………….………………………….………………………...
Gastro details: If not previously provided, please provide below:
Date & time of illness onset ……………………………………….………………….……………………………………….………………….                            No. ill ……………………….
Symptoms:  □ Diarrhoea  □ Blood in faeces  □ Fever
□ Vomiting  □ Abdo pain/ cramps  □ Other ……………………………………….………………….……………….………………………...
Suspected food or water: ………………………………………...…………   Date & time consumed: ……………………………..….
Will related non-human samples be submitted? □ Yes  □ No  Submitted now? □ Yes  □ No  If done, date submitted: …………………………….…………

Request
TEST(s) REQUESTED e.g. Viral outbreak/Unknown outbreak/Specific pathogen ……………………………………….………………….……………….………………………...
Signed (Requestor) …………………………………………………………………………………………………………………………………………………………
Date …………………………………………………………………………

Specimen(s) submitted
Does Chain of Custody apply to this request? □ Yes  □ No  If Yes, please refer to explanations on reverse side.

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<th>MDU No. (MDU Use only)</th>
<th>Specimen</th>
<th>Patient</th>
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(1) Codes: F=Faeces; V=Vomitus; O=Other (specify)
* Compulsory fields

(Scratch): □ (Tick if more details on reverse side)
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(1) Codes: F=Faeces; V=Vomitus; O=Other (specify)

* Compulsory fields

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.