

FM117**REQUEST FORM – WATER SAMPLES**
Microbiological Diagnostic Unit – Public Health LaboratoryDepartment 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**WT****Reference Nos.****FOR MDU USE ONLY**

Delivery No.:	COC No.	Request Form No.	Submitter's Reference No.
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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 Name:	DH O/B No.
NIDS number:	Other:
cc to (Department of Health)	

Non-Department of Health (DH) coordinated Investigations

Premises investigated/setting Postcode

Reason for testing: Compliance Consumer complaint Other.....

Follow Up (state circumstances)

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/exposed: Submitted now? Yes No

Will related human specimens be submitted? Yes No If done, date submitted:

Request

TEST(s) REQUESTED e.g. Swimming Pool Compliance/Potability/Specific Pathogen.....

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

Sample(s) submitted

Does Chain of Custody apply to this request? Yes No If Yes, please refer to explanations on reverse side.

No	MDU No. (MDU Use only)	Your ID/Ref no.	Date & time collected	Sampled from	Sample type (1)	Water treatment (2)		Refrigerated (✓) (3)
						Type	Date	
1								

(Tick if more sample details on reverse side)

(1) Codes: R=Reticulated T=Tank, B=Bore/well, Sw=Swimming pool, Sp=Spa, CT=Cooling Tower, O=Other
 (2) Codes: N=None, F=Filtration, S=Sedimentation, C=Chlorination, B=Bromination, O=Other (specify; D= Do not know)
 (3) Refrigeration means kept at 2-8°C during transport and storage



NATA/RCPA Accredited Laboratory No. 1019

FM117-2.3 Custodian: Quality Coordinator Auth. Director
25/02/2016 Parent Doc:SRS001

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Sample(s) submitted

No	MDU No.	Your ID/Ref no.	Date & time collected	Sampled from	Sample type (1)	Water treatment (2)		Refrigerated (✓) (3)
						Type	Date	
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

MDU USE ONLY

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For Chain of Custody only:

Is this submission made under Chain of custody? Yes No
 If Yes, has MDU form FM1541 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.

