



**REQUEST FORM – NEISSERIA CULTURES**  
**Microbiological Diagnostic Unit – Public Health Laboratory**  
 Department of Microbiology & Immunology, The University of Melbourne (APA)  
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 Director: Prof. Benjamin Howden, MBBS, FRACP, FRCPA, PhD, 206527 QB

MDU use only

1  
2  
3

**Referring laboratory (for report)**

Name .....

Organisation & address .....

..... Postcode ..... Phone no. ....

**Patient details**

Surname ..... Given name(s) .....

Date of birth ..... (or Age ..... ) Sex (M/F) .....

Suburb ..... Postcode ..... Patient identifier (URN etc) .....

**Specimen(s)**

Date specimen(s) collected from patient .....

**Culture(s) submitted**

Your lab no.	Species (NG, NM, N sp)	Original specimen source (tick)											Prov	Conf	
		Uth	Urn	V	Cx	R	Ph	B	J	CSF	E	Other (state)			
1															
2															
3															

**Key: NG=N.gonorrhoeae, NM=N.meningitidis, N sp=Neisseria sp., NT = Not tested; Uth=Urethra, Urn=Urine, V=Vagina, Cx=Cervix, R=Rectum, Ph=Pharynx, B=Blood, J=Joint, CSF=Cerebrospinal Fluid, E=Eye, Prov=Provisional, Conf=Confirmed**

**Request**

Signed ..... Date .....

**MDU use only**

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NATA/RCPA Accredited Laboratory.