

FM118**REQUEST FORM – FOOD, FOOD INGREDIENT AND PACKAGING SAMPLES****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

FD**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:	Other:
cc to (Department of Health)	

Non-Department of Health (DH) coordinated Investigations

Premises investigated/setting..... Postcode.....

Reason for testing: Survey O/B Investigation Other.....

Compliance Consumer complaint

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 :..... Date & time consumed:..... Submitted now? Yes No

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

Request

TEST(s) REQUESTED e.g. Viral outbreak/Unknown outbreak 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 and time collected	Description	Batch code/ UBD	Pack- aging (1)	Con- dition (2)	Ready to eat (✓/✗)	Refrig- erated (✓) (3)
1									

(Tick if more sample details on reverse side)

(1) Codes: (Refers to original packaging) = Intact, O = Open; N=None. Included (preferably Yes)
 (2) Codes: L = Leftover, F = Fresh; I=Ingredients; O=Other (specify)
 (3) Refrigeration means stored/kept at 2-8°C



NATA/RCPA Accredited Laboratory No. 1019

 FM118-2.3 Custodian: Quality Coordinator Auth. Director
 25/02/2016 Parent Doc: SRS001

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FD

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Specimen(s) submitted

No	MDU No.	Your ID/ref no.	Date and time collected	Description	Batch code/ UBD	Pack-aging (1)	Con-dition (2)	Ready to eat (✓/✗)	Refrig-erated (✓) (3)
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

MDU USE ONLY

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(2) Codes: L = Leftover, F = Fresh; I=Ingredients; O=Other (specify)

(3) Refrigeration means stored/kept at 2-8°C

For Chain of Custody only:

Is this submission made under Chain of custody?

 Yes No

If Yes, has MDU form FM1541 been completed?

 Yes NoIf the sample is collected under the provisions of the Victorian Food Act, **complete MDU form FM 1856.**

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.



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25/02/2016 Parent Doc: SRS031