FM2605
REQUEST FORM – MICROCOSMS STUDY
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

Report to

Dr Trisha Peel
NHMRC Clinical Research Fellow
Department of Surgery, University of Melbourne

Patient details

Surname: …………………………….…………………   First name: …………………………… ……………………..
Date of Birth: ……………………………………………  Sex:  M □ F □
Study ID Number: ………………………………………………………………..

Specimen details

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Page 1 of 1

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