REQUEST FORM – CLINICAL SAMPLES (SINGLE PATIENT) (HC)

FM119

Microbiological Diagnostic Unit – Public Health Laboratory

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Director: Prof. Benjamin Howden, MBBS, FRACP, FRCPA, PhD, 206527 QB

MDU use only

Referring Laboratory / address for report - (Not required if a copy of the original request form is attached)

Name (Person)..... (Practice/Hosp) ..... Provider No .....

Address .....

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

Copy to: Name (Person) ..... (Organisation) .....

Billing details

Send account to: (✓) Hospital ☐ Patient ☐

Medicare* ☐ Veteran's Affairs ☐ Other .....

*If send account to = Medicare, please attach the patient's signed Medicare form.

Patient details - (Not required if a copy of the original request form is attached)

Name ..... Date of Birth ..... (or Age .....) Sex: M ☐ F ☐

Address ..... Postcode .....

Patient identifier (UR No etc) ..... (If hospital) Hospital name .....

Clinical details (illness) - (Not required if a copy of the original request form is attached)

Presumptive diagnosis ..... Onset date .....

Symptoms .....

Relevant treatment ..... Immunisation .....

Specimen details *NB: May only include one patient's specimens/cultures*

No.	Laboratory number	Specimen type and/or site	Date of Specimen Collection	MDU No.
1				MDU USE ONLY
2				
3				

Request details

TEST(s) REQUESTED .....

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