

FM2634

**REQUEST FORM – Bacterial isolates for whole genome sequencing**  
**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](mailto:publichealth.lab@mdu.unimelb.edu.au)  
Director: Prof. Benjamin Howden, MBBS, FRACP, FRCPA, PhD, 206527 OB

**Referring laboratory / authority**

Name (Person) ..... (Organisation) .....

Address .....

Postcode ..... Phone No. .... Fax No. ....

**Submitting lab (if not above):**

Name & address .....

Phone No. ....

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

**Investigation details**

**Reason for testing:**     Cluster     Survey    Other .....

First submission of isolates for this cluster or survey?                      Number of isolates in this request: .....

If not previously provided, please provide now:

Date of cluster onset or survey start: ..... Organism name: .....

**Type of patient location:**    Community    Institution (eg. hospital, nursing home)    Other

If institution, Name: ..... Ward: .....

Background information eg epidemiology: .....

**Isolates(s) submitted**

**\*\* NB: For each isolate please include photocopy of original request form and your report to date \*\***

No	MDU No. (Submitter to include if isolate already at MDU)	Patient name	Your Lab/Ref No.	Specimen collection date	Photocopy included (✓)	
					Original Request	Submitting Lab Report
1	MDU USE ONLY					
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NATA/RCPA  
Accredited Laboratory No. 1019

Custodian: Quality Coordinator Auth: Director  
Current issue date: 26/02/2016  
E:\mdu\_doc\FORMS\archive\FM2634-1.1 (Whole genome request form)40.doc

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					Original Request	Submitting Lab Report
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