

REQUEST FORM

MOLECULAR SUBTYPING FOR *LISTERIA MONOCYTOGENES*

MDU No.
(MDU Use only)

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

FM2085

Referring authority / address for report

Name (Person) (Organisation)

Address

Postcode Phone No. Fax No.

Submitter (if not as above)

Submitting lab (No report issued):

Name & address

..... Phone No.

Signed (Requestor): Date

Test Requested

Typing of Isolates

Isolates(s) submitted

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

No	MDU No.	Submitting Laboratory's Number	Culture Isolated From	Batch No. (if applicable)	Sample collection date	Photocopy included (✓)	
						Original Request	Submitting Lab Report
1	MDU USE ONLY						
2							
3							
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NATA/RCPA
Accredited Laboratory No. 1019

FM2085-1.3 Custodian: Section Head (MDDI) Auth: Principal Scientist
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