

REQUEST FORM
NATIONAL ENTERIC PATHOGEN SURVEILLANCE SCHEME (NEPSS)
FOODSTUFFS/ PHARMACEUTICALS (NF)

Microbiological Diagnostic Unit – Public Health Laboratory

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FM112

MDU No.
(MDU use only)

SUBMITTING LABORATORY

NEPSS Lab Code: _____ Laboratory Name*: _____

Laboratory Address*: _____ Postcode*: _____

** Lab name, address and postcode not required if NEPSS Lab Code is entered.*

Purchase Order (PO) No. **: _____ Project ID (MDU only): _____

***PO No. must be provided where required for invoicing purposes; where a PO No. is not supplied, samples will not be processed (see Note B, also)*

SAMPLE DETAILS

Description of product: _____ Batch No.: _____

Locality of product: _____ Postcode: _____

Origin of product: _____ Postcode: _____

Date of sampling (dd/mm/yyyy): _____ Your Lab No.: _____

Your Provisional ID No. (Salm etc): _____

Supplementary Data:

Intended Use^{A,B}

- ☐ H - Human Food^A
☐ A - Animal Feed^B
☐ P - Pharm Prod^{A,B}

Site of Product

- ☐ H - Home/Farm
☐ A - Abattoir
☐ F - Factory
☐ W - Warehouse
☐ R - Retailer
☐ O - Other-specify _____

Principal Component^A

- ☐ M - Meat
☐ F - Fish
☐ E - Egg
☐ D - Milk/Dairy
☐ V - Vegetable
☐ X - Mixed
☐ O - Other-specify _____

State of Product^{A,B}

- ☐ R - Raw Product
☐ I - Intermediate
☐ F - Ready to Eat
☐ H - Heat treated
☐ N - Non-heat treated

If Egg/Egg Product, Type of Product^A

- ☐ E - Whole Egg
☐ B - Whole egg pulp
☐ Y - Yolks
☐ W - Whites
☐ S - Shell
☐ O - Other-specify _____

State of Product

- ☐ P - Pasteurised
☐ D - Dried
☐ O - Other-specify _____

Animal source (if not Chicken): _____

Reason for Sampling

- ☐ R - Routine Screen
☐ S - Section 32^A
☐ Q - Quality Control
☐ P - Process Failure
☐ Z - Suspect Health Hazard
☐ H - Suspect Human Illness

If Meat

- ☐ B - Beef
☐ M - Mutton
☐ P - Pork
☐ C - Chicken
☐ W - Wild-specify _____
☐ X - Mixed-specify _____
☐ O - Other-specify _____

If Milk, Intended Use

- ☐ I - Industrial
☐ S - Source Product
☐ O - Other-specify _____

State of Product

- ☐ P - Processed Product
☐ D - Dried Product
☐ S - Pasteurised
☐ O - Other-specify _____

Animal source (if not Cow): _____

Note A: notifiable to Victorian Dept. of Health (VDH) in accordance with PHWAct2009; data included in State and National Activities; no charge

Note B: not notifiable to Victorian Dept. of Health as a Commercial in Confidence (CIC) sample; fee applies

Notes on Circumstances of Isolation:

Your Test Results:



NATA/RCPA Accredited Laboratory No. 1019

FM112-2.0 Custodian: Section Head (Enterics) Auth. Principal Scientist
Current issue date: 22/07/2024