

Microbiological Diagnostic Unit – Public Health Laboratory Department of Microbiology & Immunology, University of Melbourne (APA) VIC 3010 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 mdu-general@unimelb.edu.au Director: Prof. Benjamin Howden, MBBS, FRACP, FRCPA, PhD, 206527QB		FM119 (HC)
REQUEST FORM CLINICAL SAMPLES (SINGLE PATIENT)		
For MDU Use only		
Delivery No.	COC No.	Request Form No.
MDU Nos		
Referring Laboratory/address for report (Not required if a copy of the original request form is attached)		
Name (First name, Surname) Practice/Hospital Provider No. Address Postcode Phone No. Fax No. <u>Copy to:</u> Name 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)		
Surname: Given Name(s): 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		
Request details		
TEST(s) REQUESTED Signed (Requestor) Date		
For Chain of Custody only Does Chain of Custody apply to this request? ☐ Yes ☐ No If Yes, please refer to explanations and complete the section below. Is this submission made under Chain of custody? ☐ Yes ☐ No If Yes, has MDU form FM 979 been completed? ☐ Yes ☐ No <i>Chain of custody is necessary whenever legal action may follow under any Act, especially in food or water borne outbreaks. It refers to the ability to trace possession from time of collection, and handling of sample or specimen through transport, storage, analysis and final disposition.</i> Does this submission have more than 1 sealed item? ☐ Yes ☐ No If Yes, has MDU form FM 1718 been completed? ☐ Yes ☐ No <i>When there is a need for individual specimen or sample security and there is more than one individual container, details of each seal should be provided to ensure any evidence of tampering can be ruled out.</i>		
(Please complete Specimen details on the next page)		
 NATA/RCPA Accredited Laboratory No. 1019		Document No: FM119-4.2 Auth. Principal Scientist Current issue: 07/09/2026

Microbiological Diagnostic Unit – Public Health Laboratory

Department of Microbiology & Immunology, University of Melbourne (APA) VIC 3010
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 mdu-general@mdu.unimelb.edu.au
Director: Prof. Benjamin Howden, MBBS, FRACP, FRCPA, PhD, 206527QB

**FM119
(HC)****REQUEST FORM
CLINICAL SAMPLES (SINGLE PATIENT)****Specimen details** *NB: May only include one patient's specimens/cultures*

No.	MDU No. (MDU Use only)	Specimen type and/or site	Date of Specimen Collection	Laboratory number
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

PRIVACY NOTE: The information provided will be used to perform pathology testing as requested, assess any Medicare benefit payable for the services rendered and to facilitate the proper administration of government health programs. Its collection and disclosure are authorised by provisions of the Health Insurance Act 1973, the Public Health and Wellbeing Act 2008 (Vic) and the My Health Records Regulations 2026 (Cth).



NATA/RCPA
Accredited Laboratory No. 1019

Document No:FM119-4.2 Auth. Principal Scientist
Current issue: 07/09/2026