

**FM2673E****REQUEST FORM - DNA/BACTERIAL ISOLATES FOR SEQUENCING**

(Electronic submission)

**Microbiological Diagnostic Unit- Public Health Laboratory**

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**Referring laboratory/authority****Investigation Details**

Name		Request	<input type="checkbox"/> Sequencing only (service 6215)
Organisation			<input type="checkbox"/> Sequencing and Analysis (service 6210)
Address for report		Number of isolates	
		Reason for Analysis	<input type="checkbox"/> Cluster <input type="checkbox"/> Survey Other:
		First Submission of isolates for this cluster or Survey?	
Postcode		If not previously provided, please provide now:	
Phone No.			
Fax No.		Date of cluster onset or survey start	
Account Code		Reference organism for analysis (optional)	
Signed (Requestor) / Date		Background information eg epidemiology	

**Isolate(s) submitted**

No.	MDU No. (MDU use only)	Submitter's ID	Project Name	Genus/Species	Sample type	Sample Concentration (ng/μl)	Genome/ Product size (bp)
1	MDU use only						
2	MDU use only						
3	MDU use only						
4	MDU use only						
5	MDU use only						
6	MDU use only						
7	MDU use only						
8	MDU use only						
9	MDU use only						
10	MDU use only						