

REQUEST FORM

iGAS-EASTERN STUDY (PR2018-014)

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	FM2784
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Referring Laboratory / address for report - (Not required if a copy of the original request form is attached)

Name (Person)..... **Dr Katherine Gibney**..... (Practice/Hosp) **Box Hill Hospital**..... Provider No **2424059H**

Address **Victorian Infectious Diseases Service, 9 North, The Royal Melbourne Hospital, 300 Grattan Street, Parkville**

Postcode **3050**..... Phone no. **9035 3958**..... Fax no. **9342 7277**.....

Copy to: Name (Person) (Organisation)

Patient details - (Not required if a copy of the original request form is attached)

Name Date of Birth (or Age) Sex: M F

Study ID No. **iGAS-EH-**_____

Research Project Participant (PR2018-014)

Specimen details NB: May only include one patient's specimens/cultures

No.	Laboratory number <small>(study number then date (YYMMDD) e.g. iGAS-EH-001-180801)</small>	Specimen type and/or site	Date of Specimen Collection	MDU No. (MDU Use only)
1		<input type="checkbox"/> Throat swab <input type="checkbox"/> Clinical isolate (specify site) _____ <input type="checkbox"/> Other (specify) _____		MDU USE ONLY
2		<input type="checkbox"/> Throat swab <input type="checkbox"/> Clinical isolate (specify site) _____ <input type="checkbox"/> Other (specify) _____		
3		<input type="checkbox"/> Throat swab <input type="checkbox"/> Clinical isolate (specify site) _____ <input type="checkbox"/> Other (specify) _____		
4		<input type="checkbox"/> Throat swab <input type="checkbox"/> Clinical isolate (specify site) _____ <input type="checkbox"/> Other (specify) _____		

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7		<input type="checkbox"/> Throat swab <input type="checkbox"/> Clinical isolate (specify site) _____ <input type="checkbox"/> Other (specify) _____		
8		<input type="checkbox"/> Throat swab <input type="checkbox"/> Clinical isolate (specify site) _____ <input type="checkbox"/> Other (specify) _____		
9		<input type="checkbox"/> Throat swab <input type="checkbox"/> Clinical isolate (specify site) _____ <input type="checkbox"/> Other (specify) _____		
10		<input type="checkbox"/> Throat swab <input type="checkbox"/> Clinical isolate (specify site) _____ <input type="checkbox"/> Other (specify) _____		

Request details

TEST(s) REQUESTED Service 7002 Selected bacterial pathogens **(GAS culture, WGS)**

Signed (Requestor) **Date:**



NATA/RCPA
Accredited Laboratory No. 1019

E:\mdu_doc\FORMS\Request Forms_COCC forms\Word_Excel version\FM2784-1.0 (Request Form - iGAS Study PR2018-014).docx

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Custodian: Section Head (MDDI); Authorised by: Principal Scientist
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