REQUEST FORM
NATIONAL ENTERIC PATHOGEN SURVEILLANCE SCHEME (NEPSS)
ENVIRONMENTAL & WATER SAMPLES (NV)

MDU No.
(MDU use only)

Microbiological Diagnostic Unit – Public Health Laboratory
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FM114

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 (Isolated from): _____

Sample locality: _____ Postcode: _____

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

Your Provisional ID No. *(Salm etc)*: _____

***Supplementary Data**:*

Water[A,B]	**Premises/Equipment**[B]	**Sundry**[B]
☐ D - Drinking[A]	☐ K - Kitchen	☐ E - Earth/Soil
☐ N - Natural[B]	☐ R - Retailer	☐ F - Dust/Sweepings
☐ R - Recreational[B]	☐ F - Factory	☐ L - Litter/Bedding
☐ A - Agricultural[B]	☐ A - Abattoir	☐ D - Animal Detritus
☐ S - Seawater[B]	☐ B - Animal Rearing	☐ S - Process Scraps
☐ E - Raw Effluent[B]	☐ T - Treatment Plant	☐ G - Garbage
☐ T - Treated Effluent[B]	☐ H - Health Institution	☐ Q - Equipment Swab
☐ O - Other-specify[B]	☐ O - Other-specify	☐ O - Other-specify
_____	_____	_____

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

Reason for Sampling

☐ R - Routine Screen
☐ Z - Suspect Health Hazard
☐ H - Suspect Human Illness
☐ A - Suspect Animal Illness
☐ U - Special Survey- specify _____
☐ O - Outbreak Investigation-specify _____

Identify associated outbreak or special survey _____

Notes on Circumstances of Isolation:

Your Test Results: