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

FM117 (WT)

REQUEST FORM
WATER SAMPLES

For MDU Use only

Delivery No.	COC No.	Request Form No.

MDU Nos

Referring authority/address for report

Name (First name, Surname) ..... Organisation .....

Postal Address .....

Postcode ..... Phone No. ..... Fax No. .....

Copy to: Name ..... Postal Address .....

Submitter (if not as above)

Name (First name, Surname) ..... Organisation ..... Phone no. .....

Department of Health (DH/LPHU) coordinated Investigations

DH/LPHU O/B Cluster Name: ..... DH/LPHU O/B No.: .....

PHESS number: ..... ☐ Other (Please specify): .....

cc to ..... (Department of Health)

Non-Department of Health (DH/LPHU) coordinated Investigations

Premises investigated/setting: ..... Postcode: .....

Reason for testing: ☐ *Compliance* ☐ *Consumer complaint* ☐ *Other* .....
☐ *Follow-up (State circumstances)* .....

Gastro details: If not previously provided, please provide below:

Date & time of illness onset ..... No. ill .....

Symptoms: ☐ *Diarrhoea* ☐ *Blood in faeces* ☐ *Fever*
☐ *Vomiting* ☐ *Abdo pain/ cramps* ☐ *Other* .....

Suspected food or water: ..... Date & time consumed/exposed: ..... Submitted now? ☐*Yes* ☐ *No*

Will related non-human samples be submitted? ☐*Yes* ☐ *No* If done, date submitted: .....

Request

TEST(s) REQUESTED e.g. Swimming Pool Compliance/Potability/Specific Pathogen .....

.....

Signed (Requestor) ..... **Date** .....

For MDU Use only

Samples as received: ☐ *Chilled* ☐ *Not Chilled* ☐ *Esky* ☐ *Plastic bag*
Samples submitted with ice brick/cold pack: ☐ *Yes* ☐ *No*
Samples received at MDU within 4 hours of collection: ☐ *Yes* ☐ *No*

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.

(Please complete Specimen details on the next page)

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Sample(s) submitted

No	MDU No. (MDU Use only)	Your ID/Ref no.	Date & time collected	Sampled from	Sample type (1)	Water treatment		Refrig-erated (✓) (3)
						Type	Date	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

(1) Codes: R=Reticulated T=Tank, B=Bore/well, Sw=Swimming pool, Sp=Spa , CT=Cooling Tower, O=Other
(2) Codes: N=None, F=Filtration, S=Sedimentation, C=Chlorination, B=Bromination, O=Other (specify; D= Do not know)
(3) Refrigeration means kept at 2-8°C

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*

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.

Does this submission have more than 1 sealed item? ☐ *Yes* ☐ *No*
If Yes, has MDU form FM 1718 been completed? ☐ *Yes* ☐ *No*

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