

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
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Director: Prof. Benjamin Howden, MBBS, FRACP, FRCPA, PhD, 206527QB

FM1885
(EV)

REQUEST FORM
ENVIRONMENTAL SAMPLES, SWABS AND EQUIPMENT (EV)

For MDU Use only

Delivery No.	COC No.	Request Form No.
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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) coordinated Investigations

DH O/B Name: DH O/B No.: NIDS number:

Other (Please specify):

cc to (Department of Health)

Non-Department of Health (DH) coordinated Investigations

Premises investigated/setting: Postcode

Reason for testing:

Survey O/B Investigation Follow-up (state circumstances)

Compliance Consumer complaint Other

Request

TEST(s) REQUESTED e.g. Salmonella characterisation

Signed (Requestor) Date

Comments

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

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)



NATA/RCPA Accredited Laboratory No. 1019

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Sample(s) submitted

No.	MDU No. (MDU Use only)	Your ID/ref no.	Submission		Date and time collected
			Sample Type (1)	Description and location (2)	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

(1) S=Swab; E=Equipment; V=Animal derived sample; O=Other (Specify eg Environmental samples)

For all samples specify exact sampling location

(2) Comments on why these particular samples were chosen are helpful to analysis



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FM1885-2.0 Auth. Principal Scientist
05/01/2021 Parent Doc: SRS001