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

FM119 (HC)

REQUEST FORM
CLINICAL SAMPLES (SINGLE PATIENT)

For MDU Use only

Delivery No.	COC No.	Request Form No.

MDU Nos

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

Name (First name, Surname)..... Practice/Hospital ..... Provider No. .....

Address.....

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

Copy to: Name ..... Organisation.....

Billing details

Send account to: (✓) ☐ Hospital ☐ Patient

☐ Medicare* ☐ Veteran's Affairs Other .....

*If send account to = Medicare, please attach the patient's signed Medicare form.

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

Surname: ..... Given Name(s): .....

Date of Birth ..... (or Age .....) Sex: M ☐ F ☐

Address ..... Postcode .....

Patient identifier (UR No etc) ..... (If hospital) Hospital name .....

Clinical details (illness) (Not required if a copy of the original request form is attached)

Presumptive diagnosis ..... Onset date .....

Symptoms .....

Relevant treatment ..... Immunisation .....

Request details

TEST(s) REQUESTED .....

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

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)

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

No.	MDU No. (MDU Use only)	Specimen type and/or site	Date of Specimen Collection	Laboratory number
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				