

Department of Microbiology & Immunology, The University of Melbourne (APA)
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 Director: Prof. Benjamin Howden, MBBS, FRACP, FRCPA, PhD, 206527 QB

Reference Nos.

MDU Delivery No.	MDU COC No.	Request Form No.	Submitter's Reference No.
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Referring authority / address for report

Name (Person)..... (Organisation).....
 Address
 Postcode Phone no. Fax no.
Copy to: (AQIS On Plant supervisor must be notified if culture confirms as *E.coli* O157 stx positive or *E.coli* non-O157 eae, stx positive)
 Name (Person)..... (Organisation).....
 Address
 Postcode Phone no. Fax no.

Submitter (if not as above)

Name Organisation Phone no.

Request – Service(s) and Test(s) ^{1, 2}

Sample for AQIS Program

***E. coli* O157 isolation Service (indicate screening method and result in ‘Samples submitted’)**
 E. coli O157 isolation from broth (Isolation test)

***E. coli* O157 characterisation Service**
 E. coli biochemical identification of a pure culture (ID test)
 E. coli O157 identification of a pure culture (serotyping test)
 E. coli O157 stx gene detection in a pure culture (toxin gene test)

***E. coli* non-O157 isolation Service (indicate screening method and result in ‘Samples submitted’)**
 E. coli non-O157 isolation from broth (Isolation test)

***E. coli* non-O157 characterisation Service**
 E. coli biochemical identification of a pure culture (ID test)
 E. coli non-O157 serogroup identification of a pure culture (serotyping test)
 E. coli non-O157 stx & eae gene detection in a pure culture (toxin gene test)

***Salmonella* isolation Service**

***Salmonella* characterisation (identification and typing) Service**

***Listeria* isolation Service**

***Listeria* characterisation (identification) Service**

Requestor

Name Signature Date

Sample(s) submitted

Does Chain of Custody apply to this request? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, FM979 attached?) <input type="checkbox"/> Yes <input type="checkbox"/> No		Does ‘Sealing’ Apply? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, FM1718 attached?) <input type="checkbox"/> Yes <input type="checkbox"/> No			
No.	MDU No. (MDU Use only)	Details of Original Sample from which this culture was isolated eg Beef Trim Batch XXX And Test Screen Method and Result	AQIS Verification sample ³ (Y/N)	Referring Lab Number	Culture type (Broth/Isolate)
1					

Continued overleaf (Tick if more details on reverse of form)

(1) Fresh (<24 hrs at receipt by MDU) pure culture on non selective medium is best
 (2) Mark all boxes which apply.
 (3) Y for AQIS verification sample. N for other AQIS sample
 NB all “*E.coli* O157 and non-O157 confirmed isolates” from “AQIS verification samples” will be retained for possible further AQIS directed test and report.



FM1851**REQUEST FORM – CULTURE REFERRAL (ISOLATES FROM MEAT & MEAT PRODUCTS)****Microbiological Diagnostic Unit – Public Health Laboratory****FD-C**

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Continued from Page 1

Sample(s) submitted

No.	MDU No. (MDU Use only)	Details of Original Sample from which this culture was isolated	AQIS Verification sample ³ (Y/N)	Referring Lab Number	Culture type (Broth/Isolate)
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

- 1) Fresh (<24 hrs at receipt by MDU) pure culture on non selective medium is best
- 2) Mark all boxes which apply.
- 3) Y for AQIS verification sample. N for other AQIS sample
 NB all "O157 confirmed isolates" (E coli O157 stx positive) from "AQIS verification samples" will be retained for possible further AQIS directed test and report.



NATA/RCPA Accredited Laboratory No. 1019

 FM1851-1.4 Custodian: Quality Coordinator Auth. Director
 26/02/2016 Parent Doc:SRS001