

FM2634

REQUEST FORM - Whole genome sequencing of human clinical bacterial isolates

Microbiological Diagnostic Unit- Public Health Laboratory
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 Director: Prof. Benjamin Howden, MBBS, FRACP, FRCPA, PhD, 206527 QB

Referring laboratory/authority

Name:

Organisation:

Address for report:

Postcode:

Fax no:

Phone no:

Reason for testing (tick which applies)

Cluster

Survey

Other

Location

Community

Institution

Other

Please provide brief background details

| | | |
|------------------------|---|---|
| Sample type | <input type="checkbox"/> DNA (MDDI) | <input type="checkbox"/> Culture (RUPR/Enterics/FEOR) |
| Service Request | <input type="checkbox"/> Sequencing only (Service 6215) | <input type="checkbox"/> Sequencing and analysis (Service 6210) |

Patient and Isolate details

| No. | MDU sample ID | Date collected | Submitters ID | Species | Patient Surname | Given Name | Sex | DOB | Patient UR | Post code | Submitters specimen description |
|-----|---------------|----------------|---------------|---------|-----------------|------------|-----|-----|------------|-----------|---------------------------------|
| 1 | MDU use only | | | | | | | | | | |
| 2 | MDU use only | | | | | | | | | | |
| 3 | MDU use only | | | | | | | | | | |

Note: Please include a hard copy of the form with sample submission

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|-----|---------------|----------------|---------------|---------|-----------------|------------|-----|-----|------------|-----------|---------------------------------|
| 4 | MDU use only | | | | | | | | | | |
| 5 | MDU use only | | | | | | | | | | |
| 6 | MDU use only | | | | | | | | | | |
| 7 | MDU use only | | | | | | | | | | |
| 8 | MDU use only | | | | | | | | | | |
| 9 | MDU use only | | | | | | | | | | |
| 10 | MDU use only | | | | | | | | | | |
| 11 | MDU use only | | | | | | | | | | |
| 12 | MDU use only | | | | | | | | | | |
| 13 | MDU use only | | | | | | | | | | |
| 14 | MDU use only | | | | | | | | | | |
| 15 | MDU use only | | | | | | | | | | |