

REQUEST FORM – NEISSERIA CULTURES (NS)

Microbiological Diagnostic Unit – Public Health Laboratory

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

FM1062

MDU No.
(MDU Use only)

Referring laboratory (for report)

Name

Address

Postcode Phone no.

Patient details

Surname Given name(s)

Date of birth (or Age) Sex (M/F)

Suburb Postcode Patient identifier (URN etc)

Specimen(s)

Date specimen(s) collected from patient

Culture(s) submitted

MDU No. (MDU Use only)	Your lab no.	Species (NG, NM, N sp)	Original specimen source (tick)												
			Uth	Urn	V	Cx	R	Ph	B	J	CSF	E	Other (state)		
MDU USE ONLY															

Key: NG=N.gonorrhoeae, NM=N.meningitidis, N sp=Neisseria sp., NT = Not tested; Uth=Urethra, Urn=Urine, V=Vagina, Cx=Cervix, R=Rectum, Ph=Pharynx, B=Blood, J=Joint, CSF=Cerebrospinal Fluid, E=Eye

Requested by:

Signed Date

MDU use only



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