

Microbiological Diagnostic Unit – Public Health Laboratory

Department of Microbiology & Immunology, University of Melbourne (APA) VIC 3010
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 Director: Prof. Benjamin Howden, MBBS, FRACP, FRCPA, PhD, 206527QB

**FM117
(WT)****REQUEST FORM
WATER SAMPLES****For MDU Use only**

Delivery No.

COC No.

Request Form No.

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/LPHU) coordinated Investigations

DH/LPHU O/B Cluster Name: DH/LPHU O/B No.:

PHESS number: Other (Please specify):

cc to (Department of Health)

Non-Department of Health (DH/LPHU) coordinated Investigations**Premises investigated/setting:** Postcode:**Reason for testing:** Compliance Consumer complaint Other
 Follow-up (State circumstances)**Gastro details:** If not previously provided, please provide below:

Date & time of illness onset No. ill

Symptoms: Diarrhoea Blood in faeces Fever
 Vomiting Abdo pain/ cramps Other**Suspected food or water:** Date & time consumed/exposed: Submitted now? Yes NoWill related non-human samples be submitted? Yes No If done, date submitted:**Request****TEST(s) REQUESTED** e.g. Swimming Pool Compliance/Potability/Specific Pathogen**Signed** (Requestor) **Date****For MDU Use only****Samples as received:** Chilled Not Chilled Esky Plastic bag**Samples submitted with ice brick/cold pack:** Yes No**Samples received at MDU within 4 hours of collection:** 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

FM117-3.1 Auth. Principal Scientist
12/09/2023 Parent Doc: SRS001

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Sample(s) submitted

No	MDU No. (MDU Use only)	Your ID/Ref no.	Date & time collected	Sampled from	Sample type (1)	Water treatment		Refrigerated (✓) (3)
						Type	Date	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

(1) Codes: R=Reticulated T=Tank, B=Bore/well, Sw=Swimming pool, Sp=Spa, CT=Cooling Tower, O=Other
 (2) Codes: N=None, F=Filtration, S=Sedimentation, C=Chlorination, B=Bromination, O=Other (specify: D= Do not know)
 (3) Refrigeration means kept at 2-8°C

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.

