

REQUEST FORM

Tetanus/Diphtheria Serology (PR2022-013)

Microbiological Diagnostic Unit Public Health Laboratory

Department of Microbiology & Immunology, The University of Melbourne (APA)
Level 1, The Peter Doherty Institute for Infection and Immunity, 792 Elizabeth Street, Melbourne, VIC 3000
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Director: Prof. Benjamin Howden, MBBS, FRACP, FRCPA, PhD, 206527 QB

FM2984

Referring Laboratory / address for report

Name (Person): **Jisha John, Laboratory Manager** Organisation: **ACL Specialised Trials** (code "ASTV")
Address: **4/435 Williamstown Road, Port Melbourne VIC 3207**
Phone no.: **0438 808 291** Fax no.: **03 8669 2230** Email: clinicaltrials@clinicallabs.com.au

Requesting Doctor

Name (Person): **Dr David Deam** Provider No: **049918GT**
Address: **ACL Clinical Trials, 1868 Dandenong Road, Clayton VIC 3168**

Participant details

Study ID No: SAD17442-MAD17443	For MDU Use only Enter Study ID No. in <i>Surname</i> field Enter Participant Initials in <i>Given name</i> field Enter the Screening No in the <i>UR Number</i> field
Participant Initials:	
Date of Birth:	
Sex: M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>	
Screening No:	
Postcode:	

Specimen details:

Referring Lab's no.	Specimen type and/or site	Specimen Collection		MDU No.
		Date	Time	
	Serum			

Request details

TEST(s) REQUESTED: **Tetanus and Diphtheria Serology** (Service 9020)

Signed (Requestor): Date:



NATA/RCPA
Accredited Laboratory No.
1019