

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

FM116
(HS)

REQUEST FORM**HUMAN SPECIMENS FROM PUBLIC HEALTH INVESTIGATIONS****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) coordinated Investigations

DH O/B Cluster Name: DH O/B No.: PHESS number:

 Follow-up/clearance specimen Contact screening Other (Please specify):

cc to (Department of Health)

Non-Department of Health (DH) coordinated Investigations**Reason for testing:** Complaint to Council Other**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:Will related non-human samples be submitted? Yes No Submitted now? Yes No If done, date submitted:**Request****TEST(s) REQUESTED** e.g. Viral outbreak/Unknown outbreak/Specific pathogen**Signed** (Requestor) **Date****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.***(Please complete Specimen details on the next page)**

NATA/RCPA Accredited Laboratory No. 1019

FM116-3.0 Auth. Principal Scientist
05/01/2021 Parent Doc: SRS001

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Continued from Page 1
Specimen(s) submitted

No	MDU No. (MDU Use only)	Specimen				Patient				
		Your ID/ref no.	Produced		Type (1)	Surname	Given Name	DOB/ Age*	Sex	Home Post code
			Date	Time						
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

(1) Codes: F=Faeces; V=Vomitus; O=Other (specify) * Compulsory fields



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