

**Microbiological Diagnostic Unit – Public Health Laboratory**

Department of Microbiology & Immunology, University of Melbourne (APA) VIC 3010  
 Level 1, The Peter Doherty Institute for Infection and Immunity, 792 Elizabeth Street, Melbourne, VIC 3000  
 Ph (03) 8344 5713 Fax (03) 8344 7833 Email [mdu-general@unimelb.edu.au](mailto:mdu-general@unimelb.edu.au)  
 Director: Prof. Benjamin Howden, MBBS, FRACP, FRCPA, PhD, 206527QB

**FM118  
(FD)****REQUEST FORM  
FOOD, FOOD INGREDIENT AND PACKAGING 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 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:**  Survey  O/B Investigation  
 Compliance  Consumer complaint  
 Follow-up (State circumstances) .....  Other .....

**Gastro details:** If not previously provided, please provide below:

Date &amp; time of illness onset ..... No. ill .....

Symptoms:  Diarrhoea  Blood in faeces  Fever  
 Vomiting  Abdo pain/ cramps  Other .....

**Suspected food:** ..... Date & time consumed: ..... Submitted now?  Yes  NoWill related non-human samples be submitted?  Yes  No If done, date submitted: .....**Request****TEST(s) REQUESTED** e.g. Viral outbreak/Unknown outbreak/Specific Pathogen .....**Signed** (Requestor) ..... **Date** .....**(Please complete Specimen details on the next page)**

NATA/RCPA Accredited Laboratory No. 1019

FM118-3.1 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 and time collected	Description	Batch code/ UBD	Pack- aging (1)	Con- dition (2)	Ready to eat (✓/×)	Refrig- erated (✓) (3)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

(1) Codes: (Refers to original packaging) = Intact, O = Open; N=None. Included (preferably Yes)  
 (2) Codes: L = Leftover, F = Fresh; I=Ingredients; O=Other (specify)  
 (3) Refrigeration means stored/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.*



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