REQUEST FORM
NATIONAL ENTERIC PATHOGEN SURVEILLANCE SCHEME (NEPSS)
HUMAN (NH)

MDU No.
(MDU use only)

Microbiological Diagnostic Unit – Public Health Laboratory
Department of Microbiology & Immunology, University of Melbourne (APA) VIC 3010
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FM110

SUBMITTING LABORATORY

NEPSS Lab Code: _____ Laboratory Name*: _____

Laboratory Address*: _____ _ Postcode*: _____

** Lab name, address and postcode not required if NEPSS Lab Code is entered.*

PATIENT DETAILS

Surname: _____ Given name: _____

Address: _____ Postcode: _____

Identifier *(UR)*: _____ Sex: ☐F / ☐M Date of Birth *(dd/mm/yyyy)*: _____

Hospital name *(In-patient)*: _____

SAMPLE DETAILS

Site of isolation *(eg. faeces, blood)* _____ Your Provisional ID *(Salm etc)*: _____

Collection Date *(dd/mm/yyyy)*: _____ Isolation Date *(dd/mm/yyyy)*: _____

Your Lab No.: _____

CLINICAL DETAILS AND HISTORY (Please tick relevant fields ☑)

Onset Date *(dd/mm/yyyy)*: _____

Case Presentation

- ☐ S - Symptomatic
- ☐ A - Asymptomatic
- ☐ N - Symptoms Not Known
- ☐ F - Follow up

Clinical

- ☐ G - Gastro/Diarrhoea
- ☐ B - Bacteraemia
- ☐ C - Chronic Carrier
- ☐ T - Treatment-specify: _____
- ☐ O - Other-specify: _____

Reason for Sampling

- ☐ R - Routine on admission
- ☐ U - Special Survey-specify: _____
- ☐ P - Part of Outbreak
- ☐ O - Acquired Overseas-specify: _____

Notes on Circumstances of Isolation: *(including details of interstate or overseas travel)*

Your Test Results: