

REQUEST FORM –STEC DETECTION

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Report to: Name
 Address

Test Requested: STEC Detection

Isolate Details

NB: For each isolate, please include photocopy of:

- (a) Original Request Form
- (b) Your Laboratory Report. Please do not delay specimen submission. Report may be sent on later. If 'to follow' write T/F.

MDU Number	Patient Name	Referring Lab Number	Photo-copy	
			Request (✓)	Report (✓)