# 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 | |
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| | | | Request (✓) | Report (✓) |
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