

REQUEST FORM

TRAVELLER'S DIARRHOEA METAGENOMICS STUDY (PR2017-004)

Microbiological Diagnostic Unit Public Health Laboratory

Department of Microbiology & Immunology, The University of Melbourne (APA)
 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 publichealth.lab@mdu.unimelb.edu.au
 Director: Prof. Benjamin Howden, MBBS, FRACP, FRCPA, PhD, 206527 QB

FM2728

MDU use only

Referring Laboratory / address for report - (Not required if a copy of the original request form is attached)

Name (Person)..... **Dr Katherine Gibney**..... (Practice/Hosp)..... **Royal Melbourne Hospital**..... Provider No **2424056Y**.....

Address **Victorian Infectious Diseases Service, 9 North, The Royal Melbourne Hospital, 300 Grattan Street, Parkville**

Postcode **3050**..... Phone no. **9035 3958**..... Fax no. **9342 7277**.....

Copy to: Name (Person) (Organisation)

Patient details

Name Date of Birth (or Age) Sex: M F

Study ID No.

Research Project Participant (PR2017-004)

Specimen details NB: May only include one patient's specimens/cultures

No.	Laboratory number	Specimen type and/or site	Date of Specimen Collection	MDU No.
1				MDU USE ONLY
2				
3				
4				
5				
6				

Request details

TEST(s) REQUESTED **DNA/RNA extraction, Storage of specimens**

Signed (Requestor) **Date**



NATA/RCPA
 Accredited Laboratory No. 1019