

Microbiological Diagnostic Unit – Public Health Laboratory

Department of Microbiology & Immunology, University of Melbourne (APA) VIC 3010
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 Director: Prof. Benjamin Howden, MBBS, FRACP, FRCPA, PhD, 206527QB

FM119
(HC)

REQUEST FORM
CLINICAL SAMPLES (SINGLE PATIENT)

For MDU Use only

Delivery No.

COC No.

Request Form No.

MDU Nos

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

Name (First name, Surname) Practice/Hospital Provider No.

Address

Postcode Phone No. Fax No.

Copy to: Name Organisation.....**Billing details**

Send account to: Hospital Patient
 (✓) Medicare* Veteran's Affairs Other

*If send account to = Medicare, please attach the patient's signed Medicare form.

Patient details (Not required if a copy of the original request form is attached)

Surname: Given Name(s):

Date of Birth (or Age) Sex: M F

Address Postcode

Patient identifier (UR No etc) (If hospital) Hospital name

Clinical details (illness) (Not required if a copy of the original request form is attached)

Presumptive diagnosis Onset date

Symptoms

Relevant treatment Immunisation

Request details

TEST(S) REQUESTED

Signed (Requestor) Date

For Chain of Custody onlyDoes 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 NoIf 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 NoIf 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.

(Please complete Specimen details on the next page)

NATA/RCPA Accredited Laboratory No. 1019

FM119-4.0 Auth. Principal Scientist
05/01/2021 Parent Doc: SRS001

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(HC)****REQUEST FORM
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No.	MDU No. (MDU Use only)	Specimen type and/or site	Date of Specimen Collection	Laboratory number
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				



NATA/RCPA

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Current issue: 05/01/2021