FM979

Microbiological Diagnostic Unit Public Health Laboratory

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Director: Prof. Benjamin Howden, MBBS, FRACP, FRCPA, PhD, 206527 QB

General Chain of Custody Form

Request Form(s) must accompany this Chain of Custody Form. Write unique ID(s) of request form(s) below.

Submitting Reference Numbers [to be completed by person securing the item or submitter]																			
PHESS No.		Outbreak Name:			DH/LPHU Outbreak No.								Other Re	e:	Request Form ID(s)				
MDIII	h 4 1	Han Onley																	
MDU Laboratory Use Only MDU Lab Numbers: MDU Delivery No.													OU COC No.					Co	se No:
MIDO Lao		very iv	y No.				C No).				o case no.							
	o be comple																		
What is the KEY item for testing as described fully in accompanying request form (If more than one item specify each. All items will be discarded unless otherwise requested)																			
Incident details									Test Reques				uested	ed					
Details o	Details of how item sealed and by whom ie after collecting. [For multiple seals, enclose FM1718] FM1718 Y/N Date:														Date:				
Sealed What sealed? Y/N			Nature of Seal									z Signature of person							e & Time Sealed
	Details of Person first collecting the Specimen/Sample and starting the Chain of Custody#																		
Organisati		rst conec	Phone		Fax				ir ting the Chain o			Number			Signature				Date & Time
Organisati	OII	Tho						rann	rume (printer						Signature		C		Date & Time
# Unless sample always remains in the collecting individual's physical possession or sight from initial collection to laboratory delivery the outer container must be sealed, and, the seal must be tamper proof or tamper evident and bear initials or other mark of the person sealing it or be otherwise identified.																			
Where Chain of Custody started																			
Place where item originally collected [Details here reflect beginning of chain of custody Nature of Premises [Home, But 1]													ess-provide						
location] name, public place-name, etc]																			
Subseque	ent Chain	of Custod	y [to l	be compl	eted i	by ea	ach pers	on ta	king o	r rel	linquis	hing	cust	ody, inc	ludin	ig to	and fr	om	storage]
				Collection/Delivery/ Storage										N (: (b)				Relinquishing/	
Organisation		Phone	· -	C/D/S	ts Time		Collection / Delivery / Sto Address			orage		Name	Name (printed)		A	ccepting Signature			
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Submitting Authority [organization/authority authorising submission of test] Public Health & Wellbeing Act 2008 □ Other □ (details) Who from which submitting authority																			
Public Health & Wellbeing Act 2008 ☐ Other ☐ (details) Who from which submitting authorised this test?												mg .	authority						
Delivery Description [by MDU. If insufficient space use FM 1718.Also check if any details listed										listed or	ı bac	k of f	form]	I	FM1718 Y/N				
No. of Containers		Sealed Y/N		Seal Tamper Y/N		Seal initialled Y/N			Seal ID			D			oto Photo Ref N		I	Photographer	
Description 1/10 1/10 1/10 1/10 1/10 1/10 1/10 1/1																			
1																			
Accented	Accepted by [MDU PHL Staff Member]																		
Name	- oj [mb0		Signature					Date					Time						
Traine Date Time																			

Custodian: Specimen Reception Authorised by: Quality, Compliance and Operations Manager Document No.: FM979-3.8

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