

Microbiological Diagnostic Unit – Public Health Laboratory Department of Microbiology & Immunology, University of Melbourne (APA) VIC 3010 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 mdu-general@unimelb.edu.au Director: Prof. Benjamin Howden, MBBS, FRACP, FRCPA, PhD, 206527QB		FM116 (HS)
REQUEST FORM HUMAN SPECIMENS FROM PUBLIC HEALTH INVESTIGATIONS		
For MDU Use only		
Delivery No.	COC No.	Request Form No.
MDU Nos		
Referring authority/address for report Name (First name, Surname) Organisation Postal Address Postcode Phone No. Fax No. <u>Copy to:</u> Name Postal Address		
Submitter (if not as above) Name (First name, Surname) Organisation Phone no.		
Department of Health (DH/LPHU) coordinated Investigations DH/LPHU O/B Cluster Name: DH/LPHU O/B No.: PHESS number: ☐ Follow-up/clearance specimen ☐ Contact screening ☐ Other (Please specify): cc to (Department of Health)		
Non-Department of Health (DH/LPHU) coordinated Investigations Reason for testing: ☐ Complaint to Council Other Gastro details: If not previously provided, please provide below: Date & time of illness onset No. ill Symptoms: ☐ Diarrhoea ☐ Blood in faeces ☐ Fever ☐ Vomiting ☐ Abdo pain/ cramps ☐ Other Suspected food or water: Date & time consumed: Will related non-human samples be submitted? ☐ Yes ☐ No Submitted now? ☐ Yes ☐ No If done, date submitted:		
Request TEST(s) REQUESTED e.g. Viral outbreak/Unknown outbreak/Specific pathogen Signed (Requestor) Date		
For Chain of Custody only Does 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 ☐ No If Yes, has MDU form FM 979 been completed? ☐ Yes ☐ No <i>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.</i> Does this submission have more than 1 sealed item? ☐ Yes ☐ No If Yes, has MDU form FM 1718 been completed? ☐ Yes ☐ No <i>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.</i>		
(Please complete Specimen details on the next page)		

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Specimen(s) submitted

No	MDU No. (MDU Use only)	Specimen				Patient				
		Your ID/ref no.	Produced		Type (1)	Surname	Given Name	DOB/ Age*	Sex	Home Post code
			Date	Time						
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(1) Codes: F=Faeces; V=Vomit; O=Other (specify) * Compulsory fields



NATA/RCPA Accredited Laboratory No. 1019

FM116-3.2 Auth. Principal Scientist
03/01/2025 Parent Doc: SRS001