REQUEST FORM
SPIT STUDY (PR2020-014)

MDU use only

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

FM2871

Referring Laboratory / address for report

Name (Person) **Ashley Nind** (Practice/Hosp) **cohealth** Provider No
ashley.nind@cohealth.org.au

Address **78 Paisley Street, Footscray** Postcode **3011** Phone no. **0408 858 258** Fax no. **7000 1852**

Report copied to

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**

Patient details

Study ID No.: SPIT-COW- ___ ___ ___ **Research Project Participant (PR2020-014)**

Surname: Given Name:
(As per Medicare card - Please write in block letters)

Date of Birth Sex: M ☐ F ☐ Medicare No. Ref. No.

Address Postcode

Patient Contact Telephone No.:

Patient Advisory: *Your doctor has recommended that you use Microbiological Diagnostic Unit. You are free to choose your own pathology provider. However, if your doctor has specified a particular pathologist on clinical grounds, a Medicare rebate will only be payable if that pathologist performs the service. You should discuss this with your doctor.*

Privacy Note: *The information provided will be used to assess any Medicare benefit payable for the services rendered and to facilitate the proper administration of government health programs, and may be used to update enrolment records. Its collection is authorised by the provisions of the Health Insurance Act 1973. The information may be disclosed to the Department of Health or to a person in the medical practice associated with this claim, or as authorised/required by law.*

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

No.	Laboratory number	Specimen type and/or site	Specimen Collection		MDU No.
			Date	Time	
1	SPIT-COW- __ __ __- _ _ _ _ _ _ _ _ y y y y m m d d	Saliva			MDU USE ONLY
2	SPIT-COW- __ __ __- _ _ _ _ _ _ _ _ y y y y m m d d	Nose and Throat swab			

Request details

TEST(s) REQUESTED **SARS-CoV-2 PCR, Storage of specimens**

Signed (Requestor) **Date**