

REQUEST FORM

ENVIRONMENTAL SAMPLES, SWABS AND EQUIPMENT (EV)

MDU No. (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 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	FM1885
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Reference Nos.

FOR MDU USE ONLY			
Delivery No.:	COC No.	Request Form No.	Submitter's Reference No.

Referring authority / address for report

Name (Person)..... (Organisation).....

Postal Address

Postcode Phone No. Fax No.

Copy to: Name Postal Address

Submitter (if not as above)

Name Organisation Phone no.

Department of Health (DH) coordinated Investigations

DH O/B Name: DH O/B No.:

NIDS number: Other:

cc to (Department of Health)

Details of Investigations

Premises investigated/setting Postcode

Reason for testing: Survey O/B Investigation

Compliance Consumer complaint Other.....

Follow Up (state circumstances)

Request

TEST(s) REQUESTED e.g. Salmonella characterisation

Signed (Requestor)..... Date

Comments

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

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 No

If 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

FM1885-1.4 Custodian: Section Head (FEOR) Auth. Principal Scientist
19/10/2017 Parent Doc: SRS001

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Microbiological Diagnostic Unit – Public Health Laboratory
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Continued from Page 1

Sample(s) submitted

No.	MDU No. (MDU Use only)	Your ID/ref no.	Submission		Date and time collected
			Sample Type (1)	Description and location (2)	
1	MDU USE ONLY				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

(1) S=Swab; E=Equipment; V=Animal derived sample; O=Other (Specify eg Environmental samples)
 For all samples specify exact sampling location
 (2) Comments on why these particular samples were chosen are helpful to analysis



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