

REQUEST FORM

HUMAN SPECIMENS FROM PUBLIC HEALTH INVESTIGATIONS (HS)

MDU No.
(MDU Use only)

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 publichealth.lab@mdu.unimelb.edu.au
Director: Prof. Benjamin Howden, MBBS, FRACP, FRCPA, PhD, 206527QB

FM116

Reference Nos.

FOR MDU USE ONLY

Delivery No.:	COC No.	Request Form No.	Submitter's Reference No.
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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 Cluster Name:	DH O/B No.
PHESS number:	<input type="checkbox"/> Follow-up/clearance specimen
Other:	<input type="checkbox"/> Contact screening
cc to (Department of Health)	

Non- Department of Health (DH) 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

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

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Continued from Page 1
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						
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

MDU USE ONLY

(1) Codes: F=Faeces; V=Vomitus; O=Other (specify)

* Compulsory fields



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FM116-2.6 Custodian: Section Head (FEOR) Auth. Principal Scientist
 19/10/2017 Parent Doc: SRS001