

# REQUEST FORM WATER SAMPLES (WT)

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

# FM117

MDU No.  
(MDU Use only)

### 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)

### Non-Department of Health (DH) coordinated Investigations

**Premises investigated/setting** ..... Postcode .....

Reason for testing:  Compliance  Consumer complaint  Other.....

Follow Up (state circumstances) .....

**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/exposed: ..... Submitted now?  Yes  No

Will related human specimens be submitted?  Yes  No If done, date submitted: .....

### Request

**TEST(s) REQUESTED** e.g. Swimming Pool Compliance/Potability/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

FM117-2.4 Custodian: Section Head (FEOR) Auth. Principal Scientist  
19/10/2017 Parent Doc:SRS001

# REQUEST FORM

## WATER SAMPLES (WT)

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

# FM117

MDU No.  
(MDU Use only)

Continued from Page 1

### Sample(s) submitted

No	MDU No. (MDU Use only)	Your ID/Ref no.	Date & time collected	Sampled from	Sample type (1)	Water treatment		Refrigerated (✓) (3)
						Type	Date	
1	MDU USE ONLY							
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

(1) Codes: R=Reticulated T=Tank, B=Bore/well, Sw=Swimming pool, Sp=Spa, CT=Cooling Tower, O=Other  
 (2) Codes: N=None, F=Filtration, S=Sedimentation, C=Chlorination, B=Bromination, O=Other (specify; D= Do not know)  
 (3) Refrigeration means kept at 2-8°C

