

REQUEST FORM
CLINICAL SAMPLES (SINGLE PATIENT) (HC)

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

FM119

Referring Laboratory / address for report - (Not required if a copy of the original request form is attached)

Name (Person) (Practice/Hosp) Provider No

Address

Postcode Phone no. Fax no.

Copy to: Name (Person) (Organisation)

Billing details

Send account to: Hospital Patient
(✓) Medicare* Veteran's Affairs Other

*If send account to = Medicare, please attach the patient's signed Medicare form.

Patient details - (Not required if a copy of the original request form is attached)

Surname: Given Name(s):

Date of Birth (or Age) Sex: M F

Address Postcode

Patient identifier (UR No etc) (If hospital) Hospital name

Clinical details (illness) - (Not required if a copy of the original request form is attached)

Presumptive diagnosis Onset date

Symptoms

Relevant treatment Immunisation

Request details

TEST(s) REQUESTED

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

Document No: FM119-3.5
Custodian: Section Head (FEOR)
Authorised by: Principal Scientist
Original issue: 01.05.1998 Current issue: 19/10/2017

REQUEST FORM

CLINICAL SAMPLES (SINGLE PATIENT) (HC)

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	FM119
---------------------------	---	-------

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

No.	MDU No. (MDU Use only)	Specimen type and/or site	Date of Specimen Collection	Laboratory number
1	MDU USE ONLY			
2				
3				
4				
5				
6				
7				
8				
9				
10				



NATA/RCPA
Accredited Laboratory No. 1019

Document No: FM119-3.5
 Custodian: Section Head (FEOR)
 Authorised by: Principal Scientist
 Original issue: 01.05.1998 Current issue: 19/10/2017