|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **REQUEST FORM**  **TRAVELLER’S DIARRHOEA METAGENOMICS STUDY (PR2017-004)** | | | | | |
| 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](mailto:publichealth.lab@mdu.unimelb.edu.au).  Director: Prof. Benjamin Howden, MBBS, FRACP, FRCPA, PhD, 206527 QB | | | **FM2728** |
| ***Referring Laboratory / address for report* -(Not required if a copy of the original request form is attached)**   |  | | --- | | 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**…………………………….………………………………  Copy to: Name (Person) ……………………………………………………….…………………………………………………………… (Organisation) …………………………………………………………….……………………………...…………………………. |   Patient details   |  | | --- | | First Name ……………………………………..……………. Surname ……………………….…………………………………………………………….…………………………………………………………….  Date of Birth ………………………………………… (or Age …………………) Sex: M □ F □  Study ID No. ……………………………………………………………………………….…………………………………… **Research Project Participant (PR2017-004)** |   ***Specimen details NB: May only include one patient’s specimens/cultures***   |  |  |  |  |  | | --- | --- | --- | --- | --- | | No. | Laboratory number | Specimen type and/or site | Date of Specimen Collection | MDU No. | | 1 |  |  |  |  | | 2 |  |  |  |  | | 3 |  |  |  |  | | 4 |  |  |  |  | | 5 |  |  |  |  | | 6 |  |  |  |  |     Request details   |  | | --- | | **TEST(s) REQUESTED** ………………**DNA/RNA extraction, Storage of specimens**………………………………………………………………………………………………..…...…………………………….…………..  **Signed** (Requestor) ……………..…...…………………………………………………………………….……………………..…...……………………………………………………………………. **Date** ..………….…………………………………….....……...….…...…………… | | | | | | |
| 910259 |  | | NATA/RCPA  Accredited Laboratory No. 1019 | E:\mdu\_doc\FORMS\Request Forms\_COC forms\Word\_Excel version\FM2728-1.1 (Request Form - Traveller's Diarrhoea Metagenomics Study PR2017-004).docx  Document No:FM2728-1.1  Custodian: Michelle Sait; Authorised by: Susan Ballard  Original issue: 16.08.2017 Current issue: 05.01.2021 | |