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| **REQUEST FORM**  **Innovative Testing Project – SARS-CoV-2 Antigen Test (PR2020-016)** | | | | | |
| 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 | | | **FM2877** |
| ***Referring Laboratory / address for report***   |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | Name (Person)…**Dr Ben Howden**…… ………………… (Practice/Hosp) …… **MDU PHL**……………… Provider No ………………....  Address …… **The University of Melbourne at the Doherty Institute, 792 Elizabeth street, Melbourne**…………………  Postcode ……**3000**……………………………………… Phone no. ……**8344 5701**………………………………………………….………..…… Fax no. ……**8344 7833**…………………………….……………………………… |  | |     Patient details   |  | | --- | | Study ID No.: [*affix label*] **Research Project Participant (PR2020-015)**  Site of Collection: Home Hospital Quarantine or Isolation Hotel Residential Facility Other (please indicate)  ……………………………………………………………………………………………… Date of symptom onset …………………………………………………………..  Surname: …………………………………………………………………………………………………………………………………………. Given Name: …………………………………………………………………………………………………………………………….  *(As per Medicare card - Please write in block letters)*  Date of Birth ………………………………………………………….. Sex: M □ F □ Medicare No. ……………………………………………..………………………………………. Ref. No. ….………………….  Address ……………………………………………………………………………….…………………………………….………………………………………………………………………………………………………………………………………… Postcode …………………  Patient Contact Telephone No.: ………………………………………………….…………………………………  ***Patient Advisory:*** *Your doctor has recommended that you use Microbiological Diagnostic Unit. You are free to choose your own pathology provider. However, if your doctor has specified a particular pathologist on clinical grounds, a Medicare rebate will only be payable if that pathologist performs the service. You should discuss this with your doctor.*  ***Privacy Note:*** *The information provided will be used to assess any Medicare benefit payable for the services rendered and to facilitate the proper administration of government health programs, and may be used to update enrolment records. Its collection is authorised by the provisions of the Health Insurance Act 1973. The information may be disclosed to the Department of Health or to a person in the medical practice associated with this claim, or as authorised/required by law.* | |  |   ***Specimen details***   |  |  |  |  |  | | --- | --- | --- | --- | --- | | No. | Specimen type and/or site | Specimen Collection | | MDU No. | | Date | Time | | 1 | Copan nasal swab and UTM |  |  |  | | 2 |  |  |  | *MDU USE ONLY* | | 3 |  |  |  |  | | 4 |  |  |  |  |     Request details   |  | | --- | | **TEST(s) REQUESTED** ………………**SARS-CoV-2 PCR, Storage of specimens**………………………………………………………………………………………………..…...…………………………….…………..  **Signed** (Collector) ……………..…...…………………………………………………………………….……………………..…...……………………………………………………………………. **Date** ..………….…………………………………….....……...….…...…………… | | | | | | |
| 910259 |  | | NATA/RCPA  Accredited Laboratory No. 1019 | E:\mdu\_doc\FORMS\Request Forms\_COC forms\FM2877-1.0 Request Form - Innovative Testing Project - SARS-CoV-2 Antigen Test (PR2020-016).docx  Custodian: Susan Ballard; Authorised by: Susan Ballard  Original issue: 21/09/2020 Current issue: 21/09/2020 | |