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| **REQUEST FORM** **Vancomycin resistant Enterococcus (van A)** **isolate REFERRAL** |
| 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 3000Ph (03) 8344 5713 Fax (03) 8344 7833 Email publichealth.lab@mdu.unimelb.edu.auDirector: Prof. Benjamin Howden, MBBS, FRACP, FRCPA, PhD, 206527 QB**Please email completed Request Forms to**: mdu-specimenreception@unimelb.edu.au | **FM2941** |
| Sender information

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| Laboratory: ……………………………………………………….……………………………………………………………….………………………………………………………………………………………………………………………………………………………………………Address: ………………………………………………………………….……………………………………………………………….…………………………………………………………………………………………………………………………………………………………………………………………………………………………….……………………………………………………………….…………………………………………………………………………………………………………………………… Postcode: ………………………………….…Phone no: …………………………………………………………………………………………….…………………………………………………..…… Fax no: ……………………………………………………………………………………………………….……………Requesting doctor: ……………………………………………………………………………………………………………………………… Requesting doctor phone no: …………………………………………………………………**Copy to:**  Name: …………………………………………………………………………………………………………………………………... Fax no: …………………………………………………………………………………………………………………… |

\* If submitting multiple VRE samples for confirmation and/or WGS please use the excel template: FM2942Patient details

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| Surname: ……………………….………………………………………………………… Given Name(s): .……………………………………………………………… ………… Sex: M  F  Not known  Date of birth: ………………………………………………..………………………… Postcode: …………………………….... Patient identifier (UR no.): ………..………………………………………………..…………………Patient phone no: …………………….…………………………………………………………….……………………………….………  |

**Patient risk factors**

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| At the time of sample collection, patient was in a: Health care facility  Aged care facility  GP/Medical clinic  Other  Not known  Facility name: …………..………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….... Ward or unit: …………..…………..……………………………………………………………………………………………………………… Date of admission: ………………………….……………………..………………………………………  |

Isolate details

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| Organism name (species): *Enterococcus faecium*  *Enterococcus faecalis*  *Enterococcus unknown* Submitting laboratory number: ..……………………………………….Isolated from (sample type): ………………………….………………….… Date of sample collection: …………….…..........….Reason for sampling: Clinically indicated  Screening  Not known  |
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**Tests requested:**

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| **Tick all that apply***vanA* VRE confirmation  whole genome sequencing ☒ |

Submitting laboratory testing results

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| **Tick all that apply****Confirmed *vanA*VRE:***vanA* gene PCR positive  *vanA* + *vanB* gene PCR positive **Suspected *vanA* VRE:**Vancomycin resistant (MIC >=32mg/L), *van* gene PCR not performed  |

**Submitted by:**

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| Name: ……………..………………………………………………………………………..…………..………………..…………..…… Signed: ……………………………………………………………..…………….………… Date: …………………………….…………………  |

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|  910259 |  | NATA/RCPA Accredited Laboratory No. 1019 | E:\Mdu\_Doc\FORMS\Request Forms\_COC Forms\FM2941-1.0 (Request Form - VRE Detection Human Isolates).DocxCustodian: Epidemiologist; Authorised by: Principal ScientistOriginal issue: 08/02/2022 Current issue: 08/02/2022 |