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| --- | --- | --- | --- | --- | --- |
| **REQUEST FORM**  **Vancomycin resistant Enterococcus (van A)**  **isolate REFERRAL** | | | | | |
| MDU No.  (MDU Use only) | | Microbiological Diagnostic Unit Public Health LaboratoryDepartment 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.au](mailto:publichealth.lab@mdu.unimelb.edu.au) Director: Prof. Benjamin Howden, MBBS, FRACP, FRCPA, PhD, 206527 QB  **Please email completed Request Forms to**: [mdu-specimenreception@unimelb.edu.au](mailto:mdu-specimenreception@unimelb.edu.au) | | | **FM2941** |
| Sender information   |  | | --- | | 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: FM2942  Patient details   |  | | --- | | Surname: ……………………….………………………………………………………… Given Name(s): .……………………………………………………………… ………… Sex: M  F  Not known   Date of birth: ………………………………………………..………………………… Postcode: …………………………….... Patient identifier (UR no.): ………..………………………………………………..…………………  Patient phone no: …………………….…………………………………………………………….……………………………….……… |   **Patient risk factors**   |  | | --- | | 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   |  | | --- | | 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  | |  |   **Tests requested:**   |  | | --- | | **Tick all that apply**  *vanA* VRE confirmation  whole genome sequencing ☒ |   Submitting laboratory testing results   |  | | --- | | **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:**   |  | | --- | | Name: ……………..………………………………………………………………………..…………..………………..…………..…… Signed: ……………………………………………………………..…………….………… Date: …………………………….………………… | | | | | | |
| 910259 |  | | NATA/RCPA  Accredited Laboratory No. 1019 | E:\Mdu\_Doc\FORMS\Request Forms\_COC Forms\FM2941-1.0 (Request Form - VRE Detection Human Isolates).Docx  Custodian: Epidemiologist; Authorised by: Principal Scientist  Original issue: 08/02/2022 Current issue: 08/02/2022 | |