



MEDICAL ENTOMOLOGY LABORATORY IDENTIFICATION REQUEST FORM

Patient Information		Client Information - Laboratory	
Patient Name:	LAST NAME, FIRST NAME	LAST NAME, FIRST NAME	
DOB:	DD/MM/YY	Age:	PRACTICE NAME/ LAB NAME
Gender:		Address:	
Patient ID:		Tel No:	
Address (Suburb):		Email:	
Specimen sent date:		Specimen received date: <small>(For DOH use)</small>	

DETAILS ABOUT THE PATIENT

Symptoms:

Any travel history/other comments:

Details of the referring General Practitioner:

Name of the GP:

Contact Phone number:

Address:

Town/ Suburb:

State:

Postcode:

DETAILS ABOUT THE SAMPLE

Nature of the sample:

From where was sample collected:

Comments/Suggestions:

Name:

Signature:

Date: