

**Centre for Enteric Diseases
National Institute for Communicable Diseases**

Specimen Form

Please include a form with each participant's specimens

Patient Information

Patient name or initials: _____

Patient Surname: _____

Date of Birth: YYYY/MM/DD

Male

Female

Date of onset of symptoms: YYYY/MM/DD

Specimen collection

Date: YYYY/MM/DD

Time: _____

Specimen type

Number of specimens

Stool

Carrie & Blair

Nappy lining

Name of sender: _____

Contact number of sender: _____

Fax number or e-mail of sender: _____

Deliver to:

Dr NA Page

Virology Division, Centre for Enteric Diseases

National Institute for Communicable Disease

(011) 555 0370