

# NHLS Infection Control Services laboratory

Room 3S05 Wits Medical School, 7 York Road, Parktown, Johannesburg. Phone 489 8579/80 Fax 489 8530

## Request Form for Public Health Samples

### LISTERIOSIS OUTBREAK INVESTIGATION

#### SAMPLE COLLECTION

DATE	TIME
DELIVERED BY: (signature)	

#### SAMPLE DELIVERY

DATE	TIME
RECEIVED BY (signature)	

#### CONDITION OF SAMPLE/S ON RECEIPT

FROZEN		COLD (on ice)		ROOM TEMPERATURE	
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	SAMPLE TYPE	IDENTIFICATION	DESCRIPTION
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

#### SENDER'S DETAILS

Name:
Department:
Address:
Telephone:
Fax:
Cell:
Email address:

#### DETAILS OF FOOD SAMPLING

Case-patient's name:
Address where food was sampled: