

**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
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<input type="checkbox"/> Stool	_____
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<input type="checkbox"/> Carrie & Blair	_____
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<input type="checkbox"/> Nappy lining	_____
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Name of sender: _____

Contact number of sender: _____

Fax number or e-mail of sender: _____

Deliver to:

Prof NA Page
Virology Division, Centre for Enteric Diseases
National Institute for Communicable Disease
(011) 555 0370