# MEDICAL ENTOMOLOGY LABORATORY IDENTIFICATION REQUEST FORM

## Patient Information
- **Patient Name:** LAST NAME, FIRST NAME
- **DOB:** DD/MM/YY **Age:**
- **Gender:**
- **Patient ID:**
- **Address (Suburb):**

## Client Information - Laboratory
- **LAST NAME, FIRST NAME**
- **PRACTICE NAME/ LAB NAME**
- **Address:**
- **Tel No:**
- **Email:**

## Specimen sent date: **Specimen received date:** *(For DOH use)*

## 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:**

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