

Email: medical.entomology@health.wa.gov.au

MEDICAL ENTOMOLOGY LABORATORY IDENTIFICATION REQUEST FORM	
Patient Information	Referring Laboratory or GP
Patient Name:	Name:
DOB:	Lab/Practice Name:
Gender:	Address:
Patient ID:	
Address:	Phone:
Suburb:	Email:
Details about the patient	
Symptoms:	
Any travel history:	
Details about the sample	
Nature of the sample:	
From where was sample collected:	
Other Relevant Information/Comments :	
Details of the referring General Practitioner (if different from above): As above	
Name of Referring GP:	
Phone number:	
Address:	
Email:	
Submitter Name:	Submission Date:

Please call Medical Entomology on (08) 9285 5500 to advise of sample submission and obtain drop-off address.