

LABORATORY NOTIFICATION FORM



NSW HEALTH USE ONLY

Date received: ____ / ____ / ____

PHU: _____

Record No: _____

LABORATORY DETAILS

Lab Number: Lab Name:
 Lab Address: Telephone:
 Specimen Collection Date: ____ / ____ / ____ Notification Date: ____ / ____ / ____

PATIENT DETAILS

Last Name: (first 2 letters only for HIV) Gender: ☐ Male ☐ Female ☐ Transgender
 First Name: (first 2 letters only for HIV) Language Spoken at Home:
 Address: Country of Birth:
 State: Postcode: Occupation/School: (Not for HIV)
 Date of Birth: ____ / ____ / ____ Age: Date of Death: (if applicable)
 Date of Onset: ____ / ____ / ____
 Indigenous status:
☐ Aboriginal ☐ Both Aboriginal and Torres Strait Islander ☐ Not Aboriginal or Torres Strait Islander
☐ Torres Strait Islander ☐ Not stated
 Reason for testing:
 Risk factors for infection (including possible exposure or underlying medical condition):

CONDITION (please tick)

- | | | |
|--|--|--|
| <input type="checkbox"/> Anthrax | <input type="checkbox"/> Donovanosis | <input type="checkbox"/> Paratyphoid ☎ |
| <input type="checkbox"/> Arboviral infections, including: | <input type="checkbox"/> Giardiasis | <input type="checkbox"/> Pertussis |
| - Barmah Forest virus | <input type="checkbox"/> Gonorrhoea | <input type="checkbox"/> Plague ☎ |
| - Chikungunya virus | <input type="checkbox"/> Haemophilus influenzae type b ☎ | <input type="checkbox"/> Poliomyelitis ☎ |
| - Dengue virus | <input type="checkbox"/> Hendra virus infection ☎ | <input type="checkbox"/> Psittacosis |
| - Ross River virus | <input type="checkbox"/> Hepatitis A ☎, B, C, D (delta), E ☎ | <input type="checkbox"/> Q Fever |
| - Japanese encephalitis virus | <input type="checkbox"/> HIV – SEE HIV NOTIFICATION FORM | <input type="checkbox"/> Rabies ☎ |
| - Kunjin virus | <input type="checkbox"/> Influenza | <input type="checkbox"/> Rotavirus infection |
| - Murray Valley encephalitis virus | <input type="checkbox"/> Invasive pneumococcal infection | <input type="checkbox"/> Rubella |
| - Yellow fever ☎ | <input type="checkbox"/> Lead in blood $\geq 5 \mu\text{g/dL}$ ($\geq 0.24 \mu\text{mol/L}$) | <input type="checkbox"/> Salmonellosis |
| - Zika virus | <input type="checkbox"/> Legionellosis ☎ | <input type="checkbox"/> Severe acute respiratory syndrome ☎ |
| - Other | <input type="checkbox"/> Leptospirosis | <input type="checkbox"/> Shigellosis |
| <input type="checkbox"/> Avian Influenza ☎ | <input type="checkbox"/> Listeriosis ☎ | <input type="checkbox"/> Smallpox ☎ |
| <input type="checkbox"/> Botulism ☎ | <input type="checkbox"/> Lymphogranuloma venereum | <input type="checkbox"/> Syphilis |
| <input type="checkbox"/> Brucellosis | <input type="checkbox"/> Lyssavirus ☎ | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Chancroid | <input type="checkbox"/> Malaria | <input type="checkbox"/> Tularemia ☎ |
| <input type="checkbox"/> Chlamydia | <input type="checkbox"/> Measles ☎ | <input type="checkbox"/> Typhoid ☎ |
| <input type="checkbox"/> Cholera ☎ | <input type="checkbox"/> Meningococcal infections ☎ | <input type="checkbox"/> Typhus (epidemic) ☎ |
| <input type="checkbox"/> Creutzfeldt-Jakob disease | <input type="checkbox"/> MERS-CoV ☎ | <input type="checkbox"/> VTEC/STEC ☎ |
| <input type="checkbox"/> Variant Creutzfeldt-Jakob disease ☎ | <input type="checkbox"/> Mumps | <input type="checkbox"/> Viral haemorrhagic fevers ☎ |
| <input type="checkbox"/> Cryptosporidiosis | | |
| <input type="checkbox"/> Diphtheria ☎ | | |

☎ Please notify these conditions by telephone to the Public Health Unit on 1300 066 055. See over for your local Public Health Unit contact details

Method of identification (please tick)

☐ Antigen ☐ Antibody ☐ Microscopy ☐ Culture ☐ NAT ☐ Other

Species/subtype (if applicable) Specimen/site: Comments:

Referring doctor details

Name: Address:
 Telephone: State: Postcode:

Public Health Unit	Mailing Address	Contact	After Hours/on call
Albury <i>Murrumbidgee LHD</i>	PO Box 3095 Albury 2640	Ph: 02 6080 8900 Fax: 02 6080 8999	AH: 02 6080 8900
Bathurst <i>Western NSW LHD</i>	PO Box 143 Bathurst, 2795	Ph: 02 6330 5880 Fax: 02 6332 3137 (s)	AH: 0428 400 526
Broken Hill <i>Far West LHD</i>	PO Box 457 Broken Hill, 2880	Ph: 08 8080 1499 Fax: 08 8080 1196 (s)	AH: 0419 917 426
Camperdown <i>Sydney LHD</i>	PO Box 374 Camperdown 1450	Ph: 02 9515 9420 Fax: 02 9515 9467 (s)	AH: 02 9515 6111
Dubbo <i>Western NSW LHD</i>	PO Box 4061 Dubbo, 2830	Ph: 02 6809 8971 Fax: 02 6841 2261 (s)	AH: 0418 866 397
Gosford <i>Central Coast LHD</i>	PO Box 361 Gosford, 2250	Ph: 02 4320 9730 Fax: 02 4320 9746 (s)	AH: 02 4320 2111
Goulburn <i>Southern NSW LHD</i>	Locked Bag 11 Goulburn, 2580	Ph: 02 4824 1840 Fax: 02 4822 5038 (s)	AH: 02 6080 8900
Hornsby <i>Northern Sydney LHD</i>	Hornsby Hospital Palmerston Rd Hornsby 2077	Ph: 02 9477 9400 Fax: 02 9482 1358 (s)	AH: 02 9477 9123
Lismore <i>Northern NSW LHD</i>	PO Box 498 Lismore 2480	Ph: 02 6620 7585 Fax: 02 6620 2552 (s)	AH: 0439 882 752 If unanswered: 0417 244 966 or 0407 904 280
Liverpool <i>South Western Sydney LHD</i>	PO Box 38 Liverpool 1871	Ph: 02 8778 0855 Fax: 02 8778 0838 (s)	AH: 02 8738 3000 (Liverpool Hospital Switch)
Newcastle <i>Hunter New England LHD</i>	Locked Bag 10 Wallsend, 2287	Ph: 02 4924 6477 Fax: 02 4924 6048 (s)	AH: 02 4924 6477
Parramatta <i>Western Sydney LHD</i>	Locked Bag 7118 Parramatta BC 2124	Ph: 02 9840 3603 Fax: 02 9840 3591 (s)	AH: 02 9845 5555
Penrith <i>Nepean Blue Mountains LHD</i>	PO Box 63 Penrith 2751	Ph: 02 4734 2022 Fax: 02 4734 3444 (s)	AH: 02 4734 2000
Port Macquarie <i>Mid North Coast LHD</i>	PO Box 126 Port Macquarie 2444	Ph: 02 6588 2750 Fax: 02 6588 2837 (s)	AH: 0439 882 752 If unanswered: 0417 244 966 or 0407 904 280
Randwick <i>South Eastern Sydney LHD</i>	Locked Bag 88 Randwick 2031	Ph: 02 9382 8333 Fax: 02 9382 8314 (s)	AH: 02 9382 2222
Tamworth <i>Hunter New England LHD</i>	Locked Mail Bag 9783 NEMSC 2348	Ph: 02 6764 8000 Fax: 02 6766 3890 (s)	AH: 02 6764 8000
Wollongong <i>Illawarra Shoalhaven LHD</i>	Locked Bag 9 Wollongong 2500	Ph: 02 4221 6700 Fax: 02 4221 6759 (s)	AH: 02 4222 5000

NOTE: (s) = secure fax number