

# 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"/> Variant Creutzfeldt-Jakob disease ☎                                   | <input type="checkbox"/> Mumps                               |
| <input type="checkbox"/> Arboviral infections, including:<br>- Barmah Forest virus<br>- Chikungunya virus<br>- Dengue virus<br>- Ross River virus<br>- Japanese encephalitis virus<br>- Kunjin virus<br>- Murray Valley encephalitis virus<br>- Yellow fever ☎<br>- Zika virus<br>- Other | <input type="checkbox"/> Cryptosporidiosis                                                     | <input type="checkbox"/> Paratyphoid ☎                       |
| <input type="checkbox"/> Avian Influenza ☎                                                                                                                                                                                                                                                | <input type="checkbox"/> Diphtheria ☎                                                          | <input type="checkbox"/> Pertussis                           |
| <input type="checkbox"/> Botulism ☎                                                                                                                                                                                                                                                       | <input type="checkbox"/> Donovanosis                                                           | <input type="checkbox"/> Plague ☎                            |
| <input type="checkbox"/> Brucellosis                                                                                                                                                                                                                                                      | <input type="checkbox"/> Giardiasis                                                            | <input type="checkbox"/> Poliomyelitis ☎                     |
| <input type="checkbox"/> Campylobacter infection                                                                                                                                                                                                                                          | <input type="checkbox"/> Gonorrhoea                                                            | <input type="checkbox"/> Psittacosis                         |
| <input type="checkbox"/> Candida auris infection and/or colonisation ☎                                                                                                                                                                                                                    | <input type="checkbox"/> Haemophilus influenzae type b ☎                                       | <input type="checkbox"/> Q Fever                             |
| <input type="checkbox"/> Carbapenemase-producing Enterobacterales infection and/or colonisation (CPE) ☎                                                                                                                                                                                   | <input type="checkbox"/> Hendra virus infection ☎                                              | <input type="checkbox"/> Rabies ☎                            |
| <input type="checkbox"/> Chancroid                                                                                                                                                                                                                                                        | <input type="checkbox"/> Hepatitis A ☎, B, C, D (delta), E ☎                                   | <input type="checkbox"/> Rotavirus infection                 |
| <input type="checkbox"/> Chlamydia                                                                                                                                                                                                                                                        | <input type="checkbox"/> HIV – <b>SEE HIV NOTIFICATION FORM</b>                                | <input type="checkbox"/> Rubella                             |
| <input type="checkbox"/> Cholera ☎                                                                                                                                                                                                                                                        | <input type="checkbox"/> Influenza                                                             | <input type="checkbox"/> Salmonellosis                       |
| <input type="checkbox"/> COVID-19 ☎                                                                                                                                                                                                                                                       | <input type="checkbox"/> Invasive pneumococcal infection                                       | <input type="checkbox"/> Severe acute respiratory syndrome ☎ |
| <input type="checkbox"/> Creutzfeldt-Jakob disease                                                                                                                                                                                                                                        | <input type="checkbox"/> Lead in blood $\geq 5 \mu\text{g/dL}$ ( $\geq 0.24 \mu\text{mol/L}$ ) | <input type="checkbox"/> Shigellosis                         |
|                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Legionellosis ☎                                                       | <input type="checkbox"/> Smallpox ☎                          |
|                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Leptospirosis                                                         | <input type="checkbox"/> Syphilis                            |
|                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Listeriosis ☎                                                         | <input type="checkbox"/> Tuberculosis                        |
|                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Lymphogranuloma venereum                                              | <input type="checkbox"/> Tularaemia ☎                        |
|                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Lyssavirus ☎                                                          | <input type="checkbox"/> Typhoid ☎                           |
|                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Malaria                                                               | <input type="checkbox"/> Typhus (epidemic) ☎                 |
|                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Measles ☎                                                             | <input type="checkbox"/> VTEC/STEC ☎                         |
|                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Meningococcal infections ☎                                            | <input type="checkbox"/> Viral haemorrhagic fevers ☎         |
|                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> MERS-CoV ☎                                                            |                                                              |

☎ 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.

☎ CPE and Candida auris should be notified within 24 hours directly to HPNSW by secure fax (02) 9391 9189

### 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: .....

<b>Public Health Unit</b>	<b>Mailing Address</b>	<b>Contact</b>	<b>After Hours/on call</b>
<b>Albury</b> <i>Murrumbidgee LHD</i>	PO Box 3095 Albury 2640	Ph: 02 6053 4800 Fax: 02 6933 9220 (s)	AH: 02 6080 8900
<b>Bathurst</b> <i>Western NSW LHD</i>	PO Box 143 Bathurst, 2795	Ph: 02 6330 5880 Fax: 02 6332 3137 (s)	AH: 0428 400 526
<b>Broken Hill</b> <i>Far West LHD</i>	PO Box 457 Broken Hill, 2880	Ph: 08 8080 1420 Fax: 08 8080 1196 (s)	AH: 0419 917 426
<b>Camperdown</b> <i>Sydney LHD</i>	PO Box 374 Camperdown 1450	Ph: 02 9515 9420 Fax: 02 9515 9467 (s)	AH: 02 9515 6111
<b>Dubbo</b> <i>Western NSW LHD</i>	PO Box 4061 Dubbo, 2830	Ph: 02 6809 8979 Fax: 02 6809 7963 (s)	0418 866 397
<b>Gosford</b> <i>Central Coast LHD</i>	PO Box 361 Gosford, 2250	Ph: 02 4320 9730 Fax: 02 4320 9746 (s)	AH: 02 4320 2111
<b>Goulburn</b> <i>Southern NSW LHD</i>	Locked Bag 11 Goulburn, 2580	Ph: 02 4825 4944 Fax: 02 4822 5038 (s)	AH: 02 6080 8900
<b>Hornsby</b> <i>Northern Sydney LHD</i>	Hornsby Hospital Palmerston Rd Hornsby 2077	Ph: 02 9485 6911 Fax: 02 9485 6093 (s)	AH: 02 9477 9123
<b>Lismore</b> <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
<b>Liverpool</b> <i>South Western Sydney LHD</i>	PO Box 38 Liverpool 1871	Ph: 02 9794 0855 Fax: 02 9794 0838 (s)	AH: 02 8738 3000 (Liverpool Hospital Switch)
<b>Newcastle</b> <i>Hunter New England LHD</i>	Locked Bag 10 Wallsend, 2287	Ph: 02 4924 6477 Fax: 02 4924 6048 (s)	AH: 02 4924 6477
<b>Parramatta</b> <i>Western Sydney LHD</i>	Locked Bag 7118 Parramatta BC 2124	Ph: 02 9840 3603 Fax: 02 9840 3591 (s)	AH: 02 9845 5555
<b>Penrith</b> <i>Nepean Blue Mountains LHD</i>	PO Box 63 Penrith 2751	Ph: 02 4734 2022 Fax: 02 4734 3444 (s)	AH: 02 4734 2000
<b>Port Macquarie</b> <i>Mid North Coast LHD</i>	PO Box 126 Port Macquarie 2444	Ph: 02 6589 2120 Fax: 02 6589 2390 (s)	AH: 0439 882 752 If unanswered: 0417 244 966 or 0407 904 280
<b>Randwick</b> <i>South Eastern Sydney LHD</i>	Locked Bag 88 Randwick 2031	Ph: 02 9382 8333 Fax: 02 9382 8314 (s)	AH: 02 9382 2222
<b>Tamworth</b> <i>Hunter New England LHD</i>	Locked Mail Bag 9783 NEMSC 2348	Ph: 02 6764 8000 Fax: 02 4924 6048 (s)	AH: 02 4924 6477
<b>Wollongong</b> <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