

LABORATORY NOTIFICATION FORM

Date Received ___ / ___ / _____ PHU: _____ Record No: _____

LABORATORY DETAILS

Lab Number: Lab Name:
 Lab Address: Telephone:
 Specimen Collection Date: ___ / ___ / _____ Notification Date: ___ / ___ / _____

PATIENT DETAILS

Last Name (first two letters only for HIV) Gender: Male Female Transgender
 Given Name (first two 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: ___ / ___ / _____
 Aboriginal Both Aboriginal and Torres Strait Islander Not Stated
 Torres Strait Islander Not Aboriginal or Torres Strait Islander

Reason for testing:
 Risk factors for infection (including possible exposure or underlying medical condition):

CONDITION (please tick)

- | | | |
|---|--|--|
| <input type="checkbox"/> Anthrax | <input type="checkbox"/> Creutzfeldt-Jakob disease | <input type="checkbox"/> Monkeypox ☎ |
| <input type="checkbox"/> Arboviral infections, including: | <input type="checkbox"/> Variant Creutzfeldt-Jakob disease ☎ | <input type="checkbox"/> Mumps |
| - Barmah Forest virus | <input type="checkbox"/> Cryptosporidiosis | <input type="checkbox"/> Paratyphoid ☎ |
| - Chikungunya virus | <input type="checkbox"/> Diphtheria ☎ | <input type="checkbox"/> Pertussis |
| - Dengue virus | <input type="checkbox"/> Donovanosis | <input type="checkbox"/> Plague ☎ |
| - Ross River virus | <input type="checkbox"/> Giardiasis | <input type="checkbox"/> Poliomyelitis ☎ |
| - Japanese encephalitis virus | <input type="checkbox"/> Gonorrhoea | <input type="checkbox"/> Psittacosis |
| - Kunjin virus | <input type="checkbox"/> Haemophilus influenzae type b ☎ | <input type="checkbox"/> Q Fever |
| - Murray Valley encephalitis virus | <input type="checkbox"/> Hendra virus infection ☎ | <input type="checkbox"/> Rabies ☎ |
| - Yellow fever ☎ | <input type="checkbox"/> Hepatitis A ☎, B, C, D (delta), E ☎ | <input type="checkbox"/> Respiratory syncytial virus (RSV) |
| - Zika virus | <input type="checkbox"/> HIV - SEE HIV NOTIFICATION FORM | <input type="checkbox"/> Rotavirus infection |
| - Other | <input type="checkbox"/> Influenza | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Avian Influenza ☎ | <input type="checkbox"/> Invasive group A Streptococcal infection | <input type="checkbox"/> Salmonellosis |
| <input type="checkbox"/> Botulism ☎ | <input type="checkbox"/> Invasive pneumococcal infection | <input type="checkbox"/> Severe acute respiratory syndrome ☎ |
| <input type="checkbox"/> Brucellosis | <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"/> Campylobacter infection | <input type="checkbox"/> Legionellosis ☎ | <input type="checkbox"/> Smallpox ☎ |
| <input type="checkbox"/> Candida auris infection and/or colonisation 📠 | <input type="checkbox"/> Leprosy | <input type="checkbox"/> Syphilis |
| <input type="checkbox"/> Carbapenemase-producing Enterobacterales infection and/or colonisation (CPE) 📠 | <input type="checkbox"/> Leptospirosis | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Chancroid | <input type="checkbox"/> Listeriosis ☎ | <input type="checkbox"/> Tularaemia ☎ |
| <input type="checkbox"/> Chlamydia | <input type="checkbox"/> Lymphogranuloma venereum | <input type="checkbox"/> Typhoid ☎ |
| <input type="checkbox"/> Cholera ☎ | <input type="checkbox"/> Lyssavirus ☎ | <input type="checkbox"/> Typhus (epidemic) ☎ |
| <input type="checkbox"/> COVID-19 | <input type="checkbox"/> Malaria | <input type="checkbox"/> VTEC/STEC ☎ |
| | <input type="checkbox"/> Measles ☎ | <input type="checkbox"/> Viral haemorrhagic fevers ☎ |
| | <input type="checkbox"/> Meningococcal infections ☎ | |
| | <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/type Comments

Referring doctor details

Name: Telephone:
 Address: State: Postcode:

Public Health Unit	Mailing Address	Contact	After Hours/On Call
Albury <i>Murrumbidgee LHD</i>	PO Box 3095 Albury 2640	Ph: 02 6053 4800 Fax: 02 6933 9220 (s)	AH: 02 6053 4800
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 1216 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 8979 Fax: 02 6332 3137 (s)	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>	PO Box 472 Goulburn 2580	Ph: 02 4825 4944 Fax: 02 4825 4942 (s)	AH: 02 6053 4800
Hornsby Northern Sydney LHD	Hornsby-Ku-ring-gai Hospital Palmerston Rd Hornsby 2077	Ph: 02 9485 6911 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 9794 0855 Fax: 02 9794 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 5704 (s)	AH: 02 4924 6477
Parramatta Western Sydney LHD	Locked Bag 7118 Parramatta BC 2124	Ph: 02 9840 3603 Fax: 02 9840 3591 (s)	AH: 02 8890 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 6589 2120 Fax: 02 6589 2390 (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 10 Wallsend 2287	Ph: 02 6764 8000 Fax: 02 4924 5704 (s)	AH: 02 4924 6477
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