Government of **Western Australia**
Department of **Health**

Medical Entomology
Environmental Health Directorate
Phone: (08) 9285 5500
Email: medical.entomology@health.wa.gov.au

MEDICAL ENTOMOLOGY LABORATORY IDENTIFICATION REQUEST FORM

Patient Information		**Referring Laboratory or GP**	
Patient Name:		First/Surname:	
DOB:		Lab/Practice Name:	
Gender:		Address:	
Patient ID:		Phone (no fax):	
Address:		Email (no fax):	
Suburb:			

Patient and Referring Lab/GP section MUST be completed in full.

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:**

Last updated: March 2025

Please call Medical Entomology on (08) 9285 5500 to advise of sample submission and obtain drop-off address.
Note: Samples will NOT be accepted if the patient and referring GP/lab sections are not completed in full.