

INSTRUCTIONS FOR USING FILLABLE FORMS: In Acrobat Reader, please complete this form, then 'SAVE AS PDF' to your hard drive. Email to specimen.reception@esr.cri.nz
 Print out your form and send to ESR with your specimen.

PLEASE SPECIFY TESTS REQUIRED

- DNA analysis using PFGE after restriction digestion *Staphylococcus aureus spa* typing

REASON FOR INVESTIGATION

- Common source outbreak Sporadic infection Patient-to-patient spread

Surveillance of (specify):

Other (specify):

ORGANISM

Organism (specify):

NAME AND ADDRESS FOR REPORTING

Name:

Contact:

Phone:

Email:

Other:

Date sent to ESR:

Date received at ESR:

Name	NHI No.	Date of birth	Gender	Ward	Site	Date collected	Referring Lab No.	ESR USE ONLY	
								ESR Lab No.	Result

RESET FORM