

LABORATORY SERVICES REQUEST FORM SINGLE HUMAN SOURCE SPECIMEN

INSTRUCTIONS FOR USING FILLABLE FORMS:
In Acrobat Reader DC, 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.

PATIENT INFORMATION *These data fields must be completed for specimen matching and identification as well as for epidemiological purposes*

NHI:	Surname:	First name:
Sex:	Ethnicity:	DoB:
Occupation:	DHB:	
H/C facility:	Ward:	Requestor:

CLINICAL INFORMATION *Please select appropriate responses and provide relevant information*

Onset date: _____ Foreign travel (specify country): _____

Animal contact: NZ Overseas If yes, specify animal contact: _____

Symptoms/Other details: (eg: Asymptomatic, pregnant including gestation) *Please separate symptoms with a comma*

ESR USE ONLY

Attach label here

ORIGINAL SPECIMEN INFORMATION *Your laboratory number assists specimen identification*

Lab No:	Date collected:
Sample type:	Sample source:
Body site:	Site modifier:

DETAILS FOR REPORTING

Lab/Org name: _____

Contact: _____

Phone: _____

Email: _____

SPECIMEN SUBMITTED TO ESR Date sent to ESR: _____

Culture submitted as: Pure growth Mixed growth *(choose one)*

Organism(s) submitted: *(Please separate organisms with a comma)*

Serum Acute serum Convalescent serum

Plasma Whole blood ACD EDTA Heparin SST *(choose one)*

Aspirate Biopsy CSF Faeces

Sputum Swab Tissue Urine

Nucleic acid

Other (specify): _____

RELEVANT LABORATORY RESULTS
Your results help us to manage the tests carried out.

REASON FOR REFERRING SPECIMEN

For reference Confirmatory test *(please provide your laboratory results)*

For surveillance/formal survey For clearance

From outbreak Outbreak number: _____

Other (specify): _____

SPECIMEN STORAGE / TRANSPORT HISTORY
This section must be completed to comply with IANZ standards

Stored:	Ambient	Chilled	Frozen	Time
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	for _____
Transported:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Sample sent to: *Please TICK site you are sending your sample[s] to*

Kenepuru Science Centre Wallaceville Science Centre

TEST REQUIRED Routine URGENT

Antimicrobial susceptibility (specify): _____

Identification

Isolation/detection (specify): _____

RNA/DNA detection (specify): _____

Serology (specify disease markers): _____

Toxin detection (specify): _____

Typing (specify): _____

Other (specify): _____

ESR USE ONLY

Received:	Ambient	Chilled	Frozen	A	R
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

PLEASE FILL IN THIS FORM ON YOUR COMPUTER OR TABLET – NO HANDWRITTEN SUBMISSIONS