

LABORATORY SERVICES REQUEST FORM SINGLE SPECIMEN REQUEST – FOR SPECIMENS OF NON HUMAN ORIGIN

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.

SOURCE INFORMATION	
<input type="checkbox"/> Animal:	ID:
Address / locality:	
<input type="checkbox"/> Poultry (specify):	
<input type="checkbox"/> Environment (specify):	
<input type="checkbox"/> Water (specify): <small>(include temperature of water when sampled if relevant)</small>	
<input type="checkbox"/> Shellfish (specify):	
<input type="checkbox"/> Food (specify):	<input type="checkbox"/> Raw <input type="checkbox"/> Cooked <input type="checkbox"/> Frozen <input type="checkbox"/> Local <input type="checkbox"/> Imported
<input type="checkbox"/> Other (specify):	

ESR USE ONLY
Attach label here
Comments:

SPECIMEN INFORMATION <small>Your laboratory number assists specimen identification</small>	
Laboratory number:	Date sent to ESR:
Date collected:	
Time collected:	<input type="checkbox"/> am <input type="checkbox"/> pm
Origin of specimen:	
Isolate submitted as:	
Collection site:	
Location:	
Sampled by:	

DETAILS FOR REPORTING
Lab/Org name:
Contact:
Phone:
Email:

REASON FOR INVESTIGATION
<input type="checkbox"/> For reference <input type="checkbox"/> confirmatory test <small>(please provide your laboratory results)</small>
<input type="checkbox"/> For surveillance / formal survey
<input type="checkbox"/> From outbreak <input type="checkbox"/> from carrier <input type="checkbox"/> from contact
<input type="checkbox"/> Other (specify):
Case number (if known):
Senders order number:

RELEVANT LABORATORY RESULTS
<small>Your results help us to manage the tests carried out.</small>

TEST REQUIRED	<input type="checkbox"/> Routine	<input type="checkbox"/> URGENT
<input type="checkbox"/> Antimicrobial susceptibility (specify):		
<input type="checkbox"/> Identification		
<input type="checkbox"/> Isolation (specify):		
<input type="checkbox"/> Molecular typing (specify):		
<input type="checkbox"/> RNA / DNA detection (specify):		
<input type="checkbox"/> Serology (specify disease markers):		
<input type="checkbox"/> Serotyping		
<input type="checkbox"/> Toxin detection (specify):		
<input type="checkbox"/> Whole genome sequencing		
<input type="checkbox"/> Other (specify):		

SPECIMEN STORAGE / TRANSPORT HISTORY				
<small>Referring laboratories must complete this section to comply with IANZ standards. Please indicate the specimen storage condition and transportation prior to sending to ESR.</small>				
Stored:	Ambient	Chilled	Frozen	Time
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	for _____ hours
Transported:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	for _____ days
				for _____ months
Sample sent to:				
<input type="checkbox"/> Kenepuru Science Centre: 34 Kenepuru Drive, Porirua				
<input type="checkbox"/> NCBID – Wallaceville: 66 Ward Street, Upper Hutt				

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