Science for Communities

ESR0561
vers 2.0 MAR 2018

ESR LABORATORY SERVICES REQUEST FORM
REQUEST FORM FOR USE BY PUBLIC HEALTH STAFF FOR THE REFERRAL OF CLINICAL SPECIMENS FOR MICROBIOLOGICAL ANALYSIS

INSTRUCTIONS FOR USING FILLABLE FORMS: In Acrobat Reader, please complete this form, then save the pdf to your hard drive. Email this form to ncbid.erl@esr.cri.nz then print it out and attach to your submitted specimen.

The information contained in this form will only be be used for the purpose for which it is collected and will otherwise be kept strictly confidential

PATIENT INFORMATION

Patient surname: | Given names:

NHI Number (if applicable): | Date of birth: | Sex: ☐ Male ☐ Female

EPISURV Number (if applicable):

TYPE OF SPECIMEN

☐ Faeces ☐ Rectal swab ☐ Other (describe):

Collection date: | Collection time:

Health Protection Officer name:

Project identifier number: | HPO reference number:

INFORMATION TO SUPPORT ANALYSIS *Please provide the following information for suspected food poisoning investigations*

Incubation time: | Symptoms:

Other details:

Any related food samples being analysed? ☐ Yes ☐ No

If yes, please provide HPO reference numbers of samples:

INFORMATION FOR CLEARANCE/CONTACT TRACING OF NOTIFIABLE INFECTIOUS GASTROINTESTINAL DISEASE

Case/contact	First specimen ☐	Clearance specimen ☐					
High risk *Refer Appendix 2 Communicable Disease Control Manual Dec 2017*	Group 1 ☐	1st specimen ☐	2nd specimen ☐	3rd specimen ☐	☐
	Group 2 ☐	1st specimen ☐	2nd specimen ☐	3rd specimen ☐	☐
	Group 3 ☐	1st specimen ☐	2nd specimen ☐	3rd specimen ☐	☐
	Group 4 ☐	1st specimen ☐	2nd specimen ☐	3rd specimen ☐	☐

TESTS REQUIRED *Please tick*

☐ Suspected food poisoning complaints – Food poisoning investigation

☐ For clearance of notifiable infectious gastrointestinal disease ☐ *Typhi/Paratyphi* ☐ *Shigella* ☐ *VTEC*

☐ Others (please specify):

PLEASE NOTE: ***Saturday receipt is by prior arrangement only***

ADDRESS FOR REPORTS

Address | Send copies of report to:

Email: | Phone: | Email: | Phone:

ESR USE ONLY

Date specimen received: | Date tested: | Laboratory number: | Laboratory number:

ESR USE ONLY – CONDITION OF SPECIMEN

☐ Watery ☐ Soft ☐ Mucous ☐ Bloody ☐ Well formed ☐ Other (specify)

Comments:

Using Acrobat Reader DC, SAVE AS pdf with a new name and email this request form to: ncbid.erl@esr.cri.nz

RESET FORM

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