

INSTRUCTIONS FOR USING FILLABLE FORMS: Using Acrobat Reader DC, download the file, complete this form, then 'SAVE AS PDF' to your hard drive. Email to phlsc@phfscience.nz Print out your form and send to PHF Science with your sample(s).

LABORATORY SERVICES REQUEST FORM FOOD MICROBIOLOGY SAMPLE SUBMISSION

DATE/TIME SAMPLES RECEIVED AT PHF (PHF use only)

Date: _____ Time: _____
Temperature: _____ Initials: _____

BUSINESS NAME AND ADDRESS FOR REPORTING

Name: _____
Contact name: _____
Address: _____
Email: _____ Phone: _____
Extra report copy to: _____
Email: _____

INVOICE TO (if different from reporting address)

Name: _____
Address: _____
Email: _____
Purchase order number: _____

TERMS AND CONDITIONS [VIEW ON THIS LINK](#)

By submitting this form, I (named above) agree to PHF Science's Terms and Conditions

PROJECT IDENTIFICATION

Name of sampler _____
Client order number / Client Project Identifier: _____
 Suspect food poisoning Food complaint Domestic food monitoring
 Imported food surveillance Commercial
 Other: *please specify* _____

DATE/TIME SAMPLED:

Date: _____ Time: _____ Temperature: _____

SEND SAMPLES TO:

DATE SAMPLES SENT TO PHF SCIENCE

Samples sent to: Attention: Public Health Laboratory, PHF Science, Christchurch Science Centre, 27 Creyke Road, Ilam, Christchurch 8041

INFORMATION TO SUPPORT ANALYSIS

For samples submitted as suspect food poisoning or food complaint, please provide details of case symptoms, onset time and duration of symptoms in space on the right.

EpiSurv number if available: _____

TESTS REQUESTED *please select relevant tests required*

Aerobic Plate Count *Bacillus cereus* *Vibrio spp*
 Anaerobic Plate Count *Campylobacter* Yeast and Mould
 Coliforms/Faecal Coliforms *Escherichia coli* Other: *please specify*
 Coagulase-producing Staphylococci *Escherichia coli O157*
 Staphylococcal Enterotoxin *Listeria monocytogenes*
 Clostridium perfringens *Salmonella*

PHF SAMPLE ID	CLIENT REFERENCE NO.	BATCH NUMBER	DESCRIPTION OF SAMPLE
<i>PHF use only</i>			
<i>PHF use only</i>			

Using Acrobat Reader DC, SAVE AS pdf with a new name and email this request form to: phlsc@phfscience.nz

Continued on next page

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RESET FORM

www.phfscience.nz

