

LABORATORY SERVICES REQUEST FORM SINGLE SPECIMEN REQUEST FOR MEAT ENRICHMENT BROTH

INSTRUCTIONS FOR USING FILLABLE FORMS: Using Acrobat Reader DC, please download and complete this form. When completed, 'SAVE AS' the pdf with a new file name to your hard drive. Print out the form and send to ESR with your specimen.

SPECIMEN SOURCE INFORMATION

- Bovine
- Bobby
- Project

SPECIMEN INFORMATION

Laboratory number:

Date sent to ESR:

Sampled by:

Purchase order number:

ESTAR number:

SPECIMEN ANALYSIS REQUIRED

- Super 6 / Top 6 testing
- O157 testing
- Super 7 / Top 7 testing

MEAT PLANT INFORMATION

Name of meat plant:

Site / location:

Sampling date:

Contact:

Email:

RELEVANT LABORATORY RESULTS

NAME AND ADDRESS FOR REPORTING

Name:

Contact:

Phone:

Email:

Specimen queries:

Contact:

Phone:

Email:

Other:

SPECIMEN STORAGE / TRANSPORT HISTORY

Referring laboratories must complete this section to comply with IANZ standards. Please indicate the specimen storage condition and transportation prior to sending to ESR.

	Ambient	Chilled	Frozen	Time
Stored:	<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

SEND SAMPLES TO:

Samples sent to:

Enteric Reference Laboratory
ESR, Wallaceville Science Centre, 66 Ward Street,
Upper Hutt 5018

ESR USE ONLY

Date received at ESR:

Received by:

Temperature on receipt:

Accept:

Reject:

Sign:

Comments:

RESET FORM

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