

Please send an email to [virology@esr.cri.nz](mailto:virology@esr.cri.nz) of this request form with details of transport and ETA.

Also make sure this request form is not in the bio-bottle itself but inside the box.

**Courier samples to: ESR – Wallaceville Science Centre, 66 Ward Street, Wallaceville, Upper Hutt, 5018**

## LABORATORY SERVICES REQUEST FORM CLINICAL VIROLOGY

### 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:	Health District:	
H/C facility:	Ward:	Requestor:

**INSTRUCTIONS FOR USING FILLABLE FORMS:**  
In Acrobat Reader DC, please complete this form, then 'SAVE AS PDF' to your hard drive. Email to [virology@esr.cri.nz](mailto:virology@esr.cri.nz). Print out your form and send to ESR with your specimen.

### CLINICAL INFORMATION Please complete this required section

Date collected: \_\_\_\_\_

Travel history (specify country/region): \_\_\_\_\_

Pregnant Gestation (specify): \_\_\_\_\_

Relevant vaccine history (specify): \_\_\_\_\_

Symptoms/Other details (specify): \_\_\_\_\_

Date of symptom onset: \_\_\_\_\_

### ESR USE ONLY

Attach  
label here

### SPECIMEN INFORMATION Your laboratory number assists specimen identification

Lab No: \_\_\_\_\_ Date despatched: \_\_\_\_\_

SPECIMEN TYPE:

Viral swab

Serum:  Acute serum  Convalescent serum

Plasma

Whole blood:  ACD  EDTA  Heparin  SST (choose one)

Faeces  Respiratory secretion:  Sputum  BAL

Tissue  CSF

Nucleic acids (please specify source): \_\_\_\_\_

Other (please specify, eg urine, aspirate): \_\_\_\_\_

Specimen site (specify): \_\_\_\_\_

### DETAILS FOR REPORTING

Lab/Org name: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Notes (if required): \_\_\_\_\_

### TESTS REQUIRED Routine URGENT

**Arbovirus (indicate test required)**

Dengue Fever virus serology (inc. NS1)

Chikungunya virus serology

Zika virus serology

Japanese encephalitis virus serology

West Nile virus serology

Barmah Forest virus serology

Ross River virus serology

Arbovirus Triplex rt-PCR (Dengue virus, Chikungunya virus & Zika virus)

**Orthopox virus:**  Mpox virus rt-PCR

**Polio virus (WHO Surveillance Programme):**  Polio serology

Acute Flaccid Paralysis (AFP) Surveillance

**Respiratory viral isolation (select):**

Influenza virus Ct:  SARS-CoV-2 Ct:

**Viral Surveillance (NAAT Positive samples only) for Influenza – [please use this form](#)**

Adenovirus Typing Ct:  Enterovirus Typing Ct:

Respiratory Syncytial Virus (RSV) Genotyping Ct:

Seasonal Coronavirus Typing (OC43, 229E, HKU1, NL63) Ct:

### RELEVANT LABORATORY RESULTS

Your results help us to manage the tests carried out.

\_\_\_\_\_

### SPECIMEN STORAGE / TRANSPORT HISTORY

This section must be completed to comply with IANZ standards

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

### ESR USE ONLY

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