

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 phl.phlsc@esr.cri.nz Print out your form and send to ESR with your sample(s).

LABORATORY SERVICES REQUEST FORM FOOD MICROBIOLOGY SAMPLE SUBMISSION

DATE/TIME SAMPLES RECEIVED AT ESR: ESR 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: _____
Contact: _____
Address: _____
Email: _____
Purchase order number: _____
 I/we agree to ESR's terms and conditions found [here](#)

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 ESR

Samples sent to: Attention: Public Health Laboratory, ESR, 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. Please contact the Public Health Laboratory to discuss if required.

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

ESR SAMPLE ID	CLIENT REFERENCE NO.	BATCH NUMBER	DESCRIPTION OF SAMPLE
ESR use only			
ESR use only			

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

Continued on next page

INSTITUTE OF ENVIRONMENTAL SCIENCE AND RESEARCH LIMITED

Christchurch Science Centre: 27 Creyke Road, Ilam, Christchurch 8041 | PO Box 29181, Christchurch 8540, New Zealand
T: +64 351 6019 or +64 3 351 0053 E: phl.phlsc@esr.cri.nz

[RESET FORM](#)

www.esr.cri.nz

