

## LABORATORY SERVICES REQUEST FORM

### NOSOCOMIAL INFECTIONS LABORATORY MULTIPLE ISOLATE REFERRAL REQUEST

#### PLEASE SPECIFY TESTS REQUIRED

☐ DNA analysis using PFGE after restriction digestion ☐ *Staphylococcus aureus* spa typing

#### REASON FOR INVESTIGATION

☐ Common source outbreak ☐ Sporadic infection ☐ Patient-to-patient spread

☐ Surveillance of (specify):

☐ Other (specify):

#### ORGANISM

☐ Organism (specify):

INSTRUCTIONS FOR USING FILLABLE FORMS: In Acrobat Reader, please complete this form, then 'SAVE AS PDF' to your hard drive. Email to [specimen.reception@phfscience.nz](mailto:specimen.reception@phfscience.nz). Print out your form and send to PHF Science with your specimen.

#### NAME AND ADDRESS FOR REPORTING

Name:

Contact:

Phone:

Email:

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

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

Date sent to PHF Science:

Date received at PHF Science:

Name	NHI No.	Date of birth	Gender	Ward	Site	Date collected	Referring Lab No.	PHF SCIENCE USE ONLY	
								ESR Lab No.	Result