

LABORATORY SERVICES REQUEST FORM

COVID-19 GENOME SEQUENCING REFERRAL FORM

INSTRUCTIONS FOR USING THIS FILLABLE FORM: Using Acrobat Reader DC, please complete this form, then SAVE AS pdf to your hard drive. Email the completed form to Covid-Sequencing@phfscience.nz. Print out the form and send to PHF Science with your specimen to the address below.

SENDING LABORATORY INFORMATION

Laboratory name:

Date submitted:

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

Name of person requesting sequencing:

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

PATIENT / SPECIMEN INFORMATION

Patient NHI:	Patient Surname, Name:	Gender:	DOB:	Laboratory Number:	Specimen type*:	Collection date:	Body site or sample source:	Laboratory CT value:	Urgency –
		Select			Select one				Select one
		Select			Select one				Select one
		Select			Select one				Select one
		Select			Select one				Select one
		Select			Select one				Select one
		Select			Select one				Select one
		Select			Select one				Select one
		Select			Select one				Select one

[RESET FORM](#)

Send samples to:

*VTM – original sample in viral transport medium, RNA – extracted sample.

NB: pressing RESET button deletes all information

NEW ZEALAND INSTITUTE FOR PUBLIC HEALTH AND FORENSIC SCIENCE LIMITED
Kenepuru Science Centre: 34 Kenepuru Drive, Kenepuru, Porirua 5022, PO Box 50348, Porirua 5240, New Zealand. T: +64 4 914 0700

www.phfscience.nz

LABORATORY SERVICES REQUEST FORM
COVID-19 GENOME SEQUENCING REFERRAL FORM *continued*
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