PHF Science

ACCREDITED IANZ TESTING LABORATORY

PHFS 0647
Vers 11.5 AUG 2025

LABORATORY SERVICES REQUEST FORM
SINGLE HUMAN SOURCE SPECIMEN

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: **DHB:**

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 specimen.reception@phfscience.nz Print out your form and send to PHF Science with your specimen.

CLINICAL INFORMATION
Please select appropriate responses and provide relevant information

Onset date: **Foreign travel** ***(specify country):***

Animal contact: ☐ NZ ☐ Overseas **If yes,** ***specify animal contact:***

Symptoms/Other details: (eg: Asymptomatic, pregnant including gestation) *Please separate symptoms with a comma*

PHF SCIENCE USE ONLY

Attach label here

ORIGINAL SPECIMEN INFORMATION
Your laboratory number helps specimen identification

Lab No: **Date collected:**

Sample type: **Sample source:**

Body site: **Site modifier:**

SPECIMEN SUBMITTED TO PHF SCIENCE
Date sent:

☐ **Culture submitted as:** ☐ **Pure growth** ☐ **Mixed growth** ***(choose one)***

☐ **Organism(s) submitted:** *(Please separate organisms with a comma)*

☐ **Serum** ☐ **Acute serum** ☐ **Convalescent serum**

☐ **Plasma** ☐ **Whole blood** ☐ **ACD** ☐ **EDTA** ☐ **Heparin** ☐ **SST** (choose one)

☐ **Aspirate** ☐ **Biopsy** ☐ **CSF** ☐ **Faeces**

☐ **Sputum** ☐ **Swab** ☐ **Tissue** ☐ **Urine**

☐ **Nucleic acid**

☐ **Other** *(specify):*

REASON FOR REFERRING SPECIMEN

☐ **For reference** ☐ **Confirmatory test** *(please provide your laboratory results)*

☐ **For surveillance/formal survey** ☐ **For clearance**

☐ **From outbreak** **Outbreak number:**

☐ **Other (specify):**

TEST REQUIRED
☐ **Routine** ☐ **URGENT**

☐ **Antimicrobial susceptibility** *(specify):*

☐ **Identification**

☐ **Isolation/detection** *(specify):*

☐ **RNA/DNA detection** *(specify):*

☐ **Serology** *(specify disease markers):*

☐ **Toxin detection** *(specify):*

☐ **Typing** *(specify):*

☐ **Other** *(specify):*

DETAILS FOR REPORTING

Lab/Org 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**

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:	☐	☐	☐	*for* _____
Transported:	☐	☐	☐	

Sample sent to: *Please TICK site you are sending your sample[s] to*

☐ Kenepuru Science Centre ☐ Wallaceville Science Centre

PHF SCIENCE USE ONLY

	Ambient	Chilled	Frozen	A	R
Received:	☐	☐	☐		

PLEASE FILL IN THIS FORM ON YOUR COMPUTER OR TABLET – NO HANDWRITTEN SUBMISSIONS

RESET FORM

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