

LABORATORY SERVICES REQUEST FORM

SINGLE SPECIMEN REQUEST FOR MEAT ENRICHMENT BROTH

INSTRUCTIONS FOR USING FILLABLE FORMS:
 In Acrobat Reader, please complete this form, then 'SAVE AS PDF' to your hard drive. Print out your form and send to PHF Science with your specimen.

SPECIMEN SOURCE INFORMATION

- ☐ Bovine
- ☐ Bobby
- ☐ Project

SPECIMEN INFORMATION

Laboratory number:

Date sent to PHF Science:

Sampled by:

Purchase order number:

ESTAR number:

SPECIMEN ANALYSIS REQUIRED

- ☐ Super 6 / Top 6 testing
- ☐ O157 testing
- ☐ Super 7 / Top 7 testing

MEAT PLANT INFORMATION

Name of meat plant:

Site / location:

Sampling date:

Contact:

Email:

RELEVANT LABORATORY RESULTS

NAME AND ADDRESS FOR REPORTING

Name:

Contact:

Phone:

Email:

Specimen queries:

Contact:

Phone:

Email:

Other:

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

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

SPECIMEN STORAGE / TRANSPORT HISTORY

Referring laboratories must complete this section to comply with IANZ standards. Please indicate the specimen storage condition and transportation prior to sending to PHF Science.

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

SEND SAMPLES TO:

Samples sent to:

Enteric Reference Laboratory
 PHF Science, Wallaceville Science Centre,
 66 Ward Street, Upper Hutt 5018

PHF SCIENCE USE ONLY

Date received at PHF Science:

Received by:

Temperature on receipt

Accept:

Reject:

Sign:

Comments:

[RESET FORM](#)