

LABORATORY SERVICES REQUEST FORM CLINICAL VIROLOGY

Please send an email to virology@phfscience.nz of this request form with details of transport and ETA. Also make sure this request form is not in the bio-bottle itself but inside the box.

Courier samples to: PHF Science – Wallaceville Science Centre, 66 Ward Street, Wallaceville, Upper Hutt, 5018

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:	Health District:	
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 virology@phfscience.nz. Print out your form and send to PHF Science with your specimen.

CLINICAL INFORMATION Please complete this required section

Date collected:

Travel history (specify country/region):

☐ Pregnant Gestation (specify):

Relevant vaccine history (specify):

Symptoms/Other details (specify):

Date of symptom onset:

PHF SCIENCE USE ONLY

Attach label here

SPECIMEN INFORMATION Your laboratory number assists specimen identification

Lab No: Date despatched:

SPECIMEN TYPE:

☐ Viral swab

☐ Serum: ☐ Acute serum ☐ Convalescent serum

☐ Plasma

☐ Whole blood: ☐ ACD ☐ EDTA ☐ Heparin ☐ SST (choose one)

☐ Faeces ☐ Respiratory secretion: ☐ Sputum ☐ BAL

☐ Tissue ☐ CSF

☐ Nucleic acids (please specify source):

☐ Other (please specify, eg urine, aspirate):

Specimen site (specify):

DETAILS FOR REPORTING

Lab/Org name:

Contact:

Phone:

Email:

Notes (if required):

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.

TESTS REQUIRED ☐ Routine ☐ URGENT

Arbovirus (indicate test required)

☐ Dengue Fever virus serology (inc. NS1)

☐ Chikungunya virus serology

☐ Zika virus serology

☐ Japanese encephalitis virus serology

☐ West Nile virus serology

☐ Barmah Forest virus serology

☐ Ross River virus serology

☐ Arbovirus Triplex rt-PCR (Dengue virus, Chikungunya virus & Zika virus)

Orthopox virus: ☐ Mpox virus rt-PCR

Polio virus (WHO Surveillance Programme): ☐ Polio serology

☐ Acute Flaccid Paralysis (AFP) Surveillance

Respiratory viral isolation (select):

☐ Influenza virus Ct: ☐ SARS-CoV-2 Ct:

Viral Surveillance (NAAT Positive samples only) for Influenza – [please use this form](#)

☐ Adenovirus Typing Ct: ☐ Enterovirus Typing Ct:

☐ Respiratory Syncytial Virus (RSV) Genotyping Ct:

☐ Seasonal Coronavirus Typing (OC43, 229E, HKU1, NL63) Ct:

SPECIMEN STORAGE / TRANSPORT HISTORY

This section must be completed to comply with IANZ standards

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

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	Ambient	Chilled	Frozen	A	R
Received:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		