

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):* _____

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.

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):** _____

SPECIMEN STORAGE / TRANSPORT HISTORY

This section must be completed to comply with IANZ standards

Stored: ☐ Ambient ☐ Chilled ☐ Frozen **Time** for _____
Transported: ☐ Ambient ☐ Chilled ☐ Frozen

Sample sent to: Please TICK site you are sending your sample[s] to
☐ Kenepuru Science Centre ☐ Wallaceville Science Centre

PHF SCIENCE USE ONLY

Received: ☐ Ambient ☐ Chilled ☐ Frozen **A** **R**

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