

## LABORATORY SERVICES REQUEST FORM

### SINGLE SPECIMEN REQUEST – FOR SPECIMENS OF NON HUMAN ORIGIN

**INSTRUCTIONS FOR USING FILLABLE FORMS:** In Acrobat Reader, please complete this form, then 'SAVE AS PDF' to your hard drive. Email to [specimen.reception@phfscience.nz](mailto:specimen.reception@phfscience.nz) Print out your form and send to PHF Science with your specimen.

SOURCE INFORMATION		PHF SCIENCE USE ONLY
<input type="checkbox"/> <b>Animal:</b> _____ <b>ID:</b> _____ <b>Address / locality:</b> _____ <input type="checkbox"/> <b>Poultry (specify):</b> _____ <input type="checkbox"/> <b>Environment (specify):</b> _____ <input type="checkbox"/> <b>Water (specify):</b> <small>(include temperature of water when sampled if relevant)</small> <input type="checkbox"/> <b>Shellfish (specify):</b> _____ <input type="checkbox"/> <b>Food (specify):</b> _____ <input type="checkbox"/> Raw <input type="checkbox"/> Cooked <input type="checkbox"/> Frozen <input type="checkbox"/> Local <input type="checkbox"/> Imported <input type="checkbox"/> <b>Other (specify):</b> _____	<div style="border: 1px dashed gray; height: 100px; margin: 10px 0; text-align: center; padding: 20px;">           Attach label here         </div> <b>Comments:</b>	

  

SPECIMEN INFORMATION <small>Your laboratory number assists specimen identification</small>	DETAILS FOR REPORTING
<b>Laboratory number:</b> _____ <b>Date sent to PHF Science:</b> _____ <b>Date collected:</b> _____ <b>Time collected:</b> _____ <input type="checkbox"/> am <input type="checkbox"/> pm <b>Origin of specimen:</b> _____ <b>Isolate submitted as:</b> _____ <b>Collection site:</b> _____ <b>Location:</b> _____ <b>Sampled by:</b> _____	<b>Lab/Org name:</b> _____ <b>Contact:</b> _____ <b>Phone:</b> _____ <b>Email:</b> _____ <div style="background-color: #e1f5fe; padding: 5px; margin-top: 5px;"> <b>TERMS AND CONDITIONS <a href="#">VIEW ON THIS LINK</a></b>  <input type="checkbox"/> <b>By submitting this form, I (named above) agree to PHF Science's Terms and Conditions</b> </div>

  

REASON FOR INVESTIGATION
<input type="checkbox"/> <b>For reference</b> <input type="checkbox"/> <b>confirmatory test</b> <small>(please provide your laboratory results)</small> <input type="checkbox"/> <b>For surveillance / formal survey</b> <input type="checkbox"/> <b>From outbreak</b> <input type="checkbox"/> <b>from carrier</b> <input type="checkbox"/> <b>from contact</b> <input type="checkbox"/> <b>Other (specify):</b> _____ <b>Case number (if known):</b> _____ <b>Senders order number:</b> _____

  

TEST REQUIRED <span style="float: right;"><input type="checkbox"/> Routine <input type="checkbox"/> URGENT</span>
<input type="checkbox"/> <b>Antimicrobial susceptibility (specify):</b> _____
<input type="checkbox"/> <b>Identification</b> _____
<input type="checkbox"/> <b>Isolation (specify):</b> _____
<input type="checkbox"/> <b>Molecular typing (specify):</b> _____
<input type="checkbox"/> <b>RNA / DNA detection (specify):</b> _____
<input type="checkbox"/> <b>Serology (specify disease markers):</b> _____
<input type="checkbox"/> <b>Serotyping</b> _____
<input type="checkbox"/> <b>Toxin detection (specify):</b> _____
<input type="checkbox"/> <b>Whole genome sequencing</b> _____
<input type="checkbox"/> <b>Other (specify):</b> _____

  

SPECIMEN STORAGE / TRANSPORT HISTORY																				
<small>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.</small>																				
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Ambient</th> <th style="text-align: center;">Chilled</th> <th style="text-align: center;">Frozen</th> <th style="text-align: center;">Time</th> </tr> </thead> <tbody> <tr> <td><b>Stored:</b></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>for _____ hours</td> </tr> <tr> <td><b>Transported:</b></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>for _____ days</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>for _____ months</td> </tr> </tbody> </table>		Ambient	Chilled	Frozen	Time	<b>Stored:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	for _____ hours	<b>Transported:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	for _____ days					for _____ months
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				for _____ months																
<b>Sample sent to:</b> <input type="checkbox"/> Kenepuru Science Centre: 34 Kenepuru Drive, Porirua <input type="checkbox"/> Wallaceville Science Centre: 66 Ward Street, Upper Hutt																				

  

PHF SCIENCE USE ONLY											
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