

LABORATORY SERVICES REQUEST FORM
COVID-19 WASTEWATER TESTING COLLECTION FORMPHF SCIENCE USE
ONLY
Attach label here**SAMPLE INFORMATION****COLLECTION SITE** (please specify name of town/city):**SAMPLE TYPE** (please TICK): ☐ Composite ☐ Grab ☐ Other (specify)

Leave this row blank for grab samples.

Date sampling started:**Time:****Date sampling finished:****Time:**

Samples should reach the laboratory within 24 hours of collection.

Date sent to PHF Science:**Sampler's name:****TERMS AND CONDITIONS** [VIEW ON THIS LINK](#)☐ By submitting this form, I (named above) agree to PHF Science's Terms and Conditions**INSTRUCTIONS**

Fill out one form per sample.

- Do not send samples on a Friday.
- Place sample inside ziplock bag and seal the bag.
- Samples should be kept cold until sending, and be sent on pre-frozen cold packs.
- Please fix enclosed courier label to outside of chilly bin, and flip laminated address card to PHF Science side.

Please provide flow data using the online survey e-mailed on Friday at 1pm. If this is not possible, please e-mail flow data (weekly) to wastewater@phfscience.cri.nz.Updated contact details (e.g. due to personnel changes), or any other issues should be e-mailed to wastewater@phfscience.cri.nz.

Thank you for collecting this sample.

NOTES**SPECIMEN STORAGE / TRANSPORT HISTORY**

Please indicate sample storage and transport conditions to comply with IANZ standards.

	Ambient	Chilled	Time
Stored:	<input type="checkbox"/>	<input type="checkbox"/>	for ___ hours or ___ days
Transported:	<input type="checkbox"/>	<input type="checkbox"/>	

PHF SCIENCE USE ONLY**Received:**☐ Ambient ☐ Chilled A R**Received by:****Initials:****Date:****Time:****RESET FORM**www.phfscience.nz