PHF Science

ACCREDITED IANZ TESTING LABORATORY

PHFS 0561
Vers 3.0 July 2025

LABORATORY SERVICES REQUEST FORM
REQUEST FORM FOR USE BY PUBLIC HEALTH STAFF FOR THE REFERRAL OF CLINICAL SPECIMENS FOR MICROBIOLOGICAL ANALYSIS

INSTRUCTIONS FOR USING FILLABLE FORMS: In Acrobat Reader, please complete this form, then save the pdf to your hard drive. Email this form to ncbid.erl@phfscience.nz then print it out and attach to your submitted specimen.

PATIENT INFORMATION

Patient surname: **Given names:**

NHI Number *(if applicable):* **Date of birth:** **Sex:** ☐ **Male** ☐ **Female**

EPISURV Number *(if applicable):*

TYPE OF SPECIMEN

☐ **Faeces** ☐ **Rectal swab** ☐ **Other** *(describe):*

Collection date: **Collection time:**

Health Protection Officer name:

Project identifier number: **HPO reference number:**

INFORMATION TO SUPPORT ANALYSIS *Please provide the following information for suspected food poisoning investigations*

Incubation time: **Symptoms:**

Other details:

Any related food samples being analysed? ☐ **Yes** ☐ **No**

If yes, please provide HPO reference numbers of samples:

INFORMATION FOR CLEARANCE/CONTACT TRACING OF NOTIFIABLE INFECTIOUS GASTROINTESTINAL DISEASE

Case/contact	First specimen ☐	Clearance specimen ☐					
High risk *Refer Appendix 2 Communicable Disease Control Manual Dec 2017*	**Group 1** ☐	**1st specimen** ☐	**2nd specimen** ☐	**3rd specimen** ☐	☐		
	Group 2 ☐	**1st specimen** ☐	**2nd specimen** ☐	**3rd specimen** ☐	☐		
	Group 3 ☐	**1st specimen** ☐	**2nd specimen** ☐	**3rd specimen** ☐	☐		
	Group 4 ☐	**1st specimen** ☐	**2nd specimen** ☐	**3rd specimen** ☐	☐		

TESTS REQUIRED *Please tick*

☐ **Suspected food poisoning complaints – Food poisoning investigation**

☐ **For clearance of notifiable infectious gastrointestinal disease** ☐ ***Typhi/Paratyphi*** ☐ ***Shigella*** ☐ **VTEC**

☐ **Others** *(please specify):*

PLEASE NOTE: Saturday receipt is by prior arrangement only

ADDRESS FOR REPORTS

Address

Email: **Phone:**

Send copies of report to:

Email: **Phone:**

TERMS AND CONDITIONS VIEW ON THIS LINK

☐ **By submitting this form, I agree to PHF Science's Terms and Conditions**

PHF SCIENCE USE ONLY

Date specimen received: Date tested: Laboratory number: Laboratory number:

PHF SCIENCE USE ONLY – CONDITION OF SPECIMEN

☐ Watery ☐ Soft ☐ Mucous ☐ Bloody ☐ Well formed ☐ Other *(specify):*

Comments:

Using Acrobat Reader DC, SAVE AS pdf with a new name and email this request form to: ncbid.erl@phfscience.nz

RESET FORM

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