

LABORATORY SERVICES REQUEST FORM SARS-COV-2 TO EXCLUDE COVID-19 INFECTION TEST REQUEST

Please send an email to virology@esr.cri.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: ESR, NCBID, 66 Ward Street, Wallaceville, Upper Hutt 5018

PATIENT / SOURCE INFORMATION

NHI:	Sex:	Ethnicity:	Lab ref no:
Surname:			
First name:			
Occupation:	Date of birth:	Age:	
DHB:	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@esr.cri.nz
Print out your form and send to ESR with your specimen.

CLINICAL INFORMATION Please select appropriate responses and provide relevant information

Onset date:	Foreign travel in last 14 days (specify country):
Contact with known case: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify country if not New Zealand:
Vaccinated with current season's Flu vaccine: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Does the patient have an underlying condition? <input type="checkbox"/> Immune compromised	<input type="checkbox"/> Other (please specify)
Symptoms/Other details: (eg: Asymptomatic, pregnant including gestation)	
<input type="checkbox"/> Please tick this box if your clinical sample is post mortem	

ESR USE ONLY

Attach label here

REQUESTOR'S LABORATORY RESULTS

Flu A: <input type="checkbox"/> Yes <input type="checkbox"/> No	Flu B: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> H3 <input type="checkbox"/> H1 (pdm09)	
<input type="checkbox"/> Other seasonal resp (please specify)	
<input type="checkbox"/> Other pathogens (please specify)	
Diagnostic test(s) used (give CTs)	

DETAILS FOR REPORTING

Lab/Org name:
Contact:
Phone:
Email:
Comments:

All samples submitted should be treated as though the patient is infected with Hazard Group 3 pathogen and you must contact the reference Lab before sending samples to ESR, NCBID.

All samples must be shipped by Category B UN3373

SPECIMEN INFORMATION

Date collected:	Date sent to lab:
Sample type:	
<input type="checkbox"/> TS <input type="checkbox"/> NS <input type="checkbox"/> NS/TS <input type="checkbox"/> BAL <input type="checkbox"/> Sputum <input type="checkbox"/> ETS	
<input type="checkbox"/> Other specimen type (specify):	

SPECIMEN STORAGE / TRANSPORT HISTORY

Please indicate the specimen storage condition and transportation prior to sending to ESR

Stored:	Ambient	Chilled	Frozen	Time
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	for _____
Transported:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Sample sent to ESR, NCBID: 66 Ward Street, Wallaceville, Upper Hutt 5018				

ADDITIONAL COMMENTS - IF REQUIRED

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

RESET FORM