

## LABORATORY SERVICES REQUEST FORM SINGLE HUMAN SOURCE SPECIMEN

**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@esr.cri.nz](mailto:specimen.reception@esr.cri.nz)  
Print out your form and send to ESR with your 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:

**ESR USE ONLY**

Attach label here

Comments:

**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) \_\_\_\_\_

**ORIGINAL SPECIMEN INFORMATION** *Your laboratory number assists specimen identification*

Lab No:	Date collected:
Sample type:	Sample source:
Body site:	Site modifier:

**DETAILS FOR REPORTING**

Lab/Org name: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**SPECIMEN SUBMITTED TO ESR** Date sent to ESR: \_\_\_\_\_

Culture submitted as:  Pure growth  Mixed growth *(choose one)*

Organism(s) submitted: \_\_\_\_\_

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): \_\_\_\_\_

**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): \_\_\_\_\_

**SPECIMEN STORAGE / TRANSPORT HISTORY**  
*This section must be completed to comply with IANZ standards*

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"/>	

Sample sent to: Please TICK site you are sending your sample[s] to

Kenepuru Science Centre  NCBID – Wallaceville

**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): \_\_\_\_\_

**ESR USE ONLY**

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