E/S/R
Science for Communities
He Pūtaiao, He Tāngata

ESR0909
vers 4.0 AUG 2022

LABORATORY SERVICES REQUEST FORM
STAPHYLOCOCCUS AUREUS (FROM BLOOD) REFERRAL FORM

INSTRUCTIONS FOR USING THIS FILLABLE FORM:
Download this form and open with Acrobat Reader DC.
Complete your form and print a copy to accompany your sample.
Despatch the form with the isolate to the Nosocomial Infections Laboratory, ESR, Kenepuru Science Centre, 34 Kenepuru Drive, Porirua 5022.

LABORATORY INFORMATION

Submitting laboratory:

Patient DHB:

PATIENT INFORMATION

NHI number:

Surname:

Forenames:

Gender: **Date of birth:**

Hospital/Healthcare facility:

Ward:

SPECIMEN INFORMATION

Client laboratory number: **SNAP study number:** (*if enrolled in SNAP*)

Sample site: ☐ **Blood:** ☐ **Other** (*please specify*):

Date specimen collected:

SUSCEPTIBILITY RESULTS – Please attach a copy of your susceptibility results or list the susceptibility interpretations below.

Interpretive standard (*tick one*): ☐ EUCAST ☐ CLSI

Interpretation – *please tick applicable*

Antibiotic	S	I	R	
Cefoxitin	☐ S	☐ I	☐ R	
Ceftaroline	☐ S	☐ I	☐ R	☐ MIC ____ mg/L
Ciprofloxacin	☐ S	☐ I	☐ R	
Clindamycin	☐ S	☐ I	☐ R	
Co-trimoxazole	☐ S	☐ I	☐ R	
Daptomycin	☐ S	☐ I	☐ R	
Doxcycline	☐ S	☐ I	☐ R	
Erythromycin	☐ S	☐ I	☐ R	
Fusidic Acid	☐ S	☐ I	☐ R	
Gentamicin	☐ S	☐ I	☐ R	
Linezolid	☐ S	☐ I	☐ R	
Mupirocin	☐ S	☐ I	☐ R	
Oxacillin	☐ S	☐ I	☐ R	
Penicillin	☐ S	☐ I	☐ R	☐ [Tick if S] Penicillin disc beach zone present
Quinupristin/Dalfopristin	☐ S	☐ I	☐ R	
Rifampicin	☐ S	☐ I	☐ R	
Teicoplanin	☐ S	☐ I	☐ R	
Tetracycline	☐ S	☐ I	☐ R	
Vancomycin	☐ S	☐ I	☐ R	☐ MIC ____ mg/L

Comments, if required

RESET FORM

Date received at ESR:

INSTITUTE OF ENVIRONMENTAL SCIENCE AND RESEARCH LIMITED
Kenepuru Science Centre: 34 Kenepuru Drive, Kenepuru, Porirua 5022 | PO Box 50348, Porirua 5240, New Zealand
T: +64 4 914 0700 **F:** +64 4 914 0770
www.esr.cri.nz