

## LABORATORY SERVICES REQUEST FORM

### SINGLE SPECIMEN REQUEST FOR MEAT ENRICHMENT BROTH

**INSTRUCTIONS:**  
Print out this form, fill in the details and send to ESR with your specimen(s).

#### SPECIMEN SOURCE INFORMATION

- Bobby calf
- Bobby veal
- Bovine

#### SPECIMEN INFORMATION

Laboratory number: \_\_\_\_\_

Date sent to ESR: \_\_\_\_\_

Date collected: \_\_\_\_\_

Location: \_\_\_\_\_

Sampled by: \_\_\_\_\_

Purchase order number: \_\_\_\_\_

#### SPECIMEN ANALYSIS REQUIRED

- Super 6 / Top 6 testing
- O157 testing
- Super 7 / Top 7 testing

#### MEAT PLANT INFORMATION

Name of meat plant: \_\_\_\_\_

Site / location: \_\_\_\_\_

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

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

#### RELEVANT LABORATORY RESULTS

#### NAME AND ADDRESS FOR REPORTING

Name: \_\_\_\_\_

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

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

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

Other: \_\_\_\_\_

#### SPECIMEN STORAGE / TRANSPORT HISTORY

*Referring laboratories must complete this section to comply with IANZ standards. Please indicate the specimen storage condition and transportation prior to sending to ESR.*

	Ambient	Chilled	Frozen	Time
Stored:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	for _____ hours
Transported:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	for _____ days
				for _____ months

#### SEND SAMPLES TO:

Samples sent to:

Enteric Reference Laboratory  
ESR, NCBID – Wallaceville, 66 Ward Street,  
Upper Hutt 5018

#### ESR USE ONLY

Laboratory number: \_\_\_\_\_

Date received at ESR: \_\_\_\_\_

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

Comments: \_\_\_\_\_