

QUESTIONS AND ANSWERS ON USING FILLABLE ESR LABORATORY FORMS

WHAT IS THE STAPHYLOCOCCUS AUREUS REFERRAL FORM? A *Staphylococcus aureus* (from blood) form must be completed to submit *Staphylococcus aureus* isolates from blood to ESR Laboratories for testing.

CAN I USE SOMETHING OTHER THAN ADOBE ACROBAT READER DC TO USE THIS FORM? No, the form will not work or look the same with alternate PDF software.

WHAT IF I AM UNABLE TO DOWNLOAD AND INSTALL ADOBE ACROBAT READER DC ON MY COMPUTER? You should print the form and complete it by hand.

HOW DO I DOWNLOAD THE FORM FROM ESR'S WEBSITE? Right-click (or control-click) on the link to the PDF and select the option to download the file to your computer. Then open the file using Adobe Acrobat Reader DC and enter the information requested.

WHAT DO I CLICK TO START TYPING INTO THE FORM? Adobe Acrobat Reader will recognise that the PDF has areas that you can enter text into. Note that not every field on the form can have text entered into it. Click on the fields/boxes that you want to complete. You can use the tab key to go to then next field.

DO I NEED TO CHANGE MY PRINTER SETTINGS TO PRINT? Default print setting is to fit to A4 size, so you should not have to change your settings. However, *check that your printer will print the application form to A4 size (not print to fit)* will ensure accuracy.

USING THE RESET FORM BUTTON Please note that by clicking this button ALL fields are cleared of data. You may wish to use this facility if you wish to re-use the form for requesting another specimen. Don't forget to keep a copy with an appropriate name for your files.

Form must be filled in using Acrobat Reader DC – other pdf products do not work.

Download the form and save a copy to your hard drive. Start each new request using the master file you have downloaded.

NHI number (please check it is correct)

Click to tick checkbox *Click again to uncheck – if 'Other' is selected 'blood' tick will be removed*

Click to tick checkbox for MIC and enter mg/L number in space provided

Click to tick checkbox for S, I or R interpretation (one only)

Click to tick checkbox for MIC and enter mg/L number in space provided

Send your samples to ESR Kenepuru Science Centre address

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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. Dispatch the form with the isolate to the Nosocomial Infections Laboratory, ESR, Kenepuru Science Centre, 34 Kenepuru Drive, Porirua 5022.

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

LABORATORY INFORMATION
Submitting laboratory:
Patient DHB:

PATIENT INFORMATION
NHI number:
Surname:
Forenames:
Gender:
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

Cefoxitin	<input type="checkbox"/> S	<input type="checkbox"/> I	<input type="checkbox"/> R
Ceftaroline	<input type="checkbox"/> S	<input type="checkbox"/> I	<input type="checkbox"/> R
Ciprofloxacin	<input type="checkbox"/> S	<input type="checkbox"/> I	<input type="checkbox"/> R
Clindamycin	<input type="checkbox"/> S	<input type="checkbox"/> I	<input type="checkbox"/> R
Co-trimoxazole	<input type="checkbox"/> S	<input type="checkbox"/> I	<input type="checkbox"/> R
Daptomycin	<input type="checkbox"/> S	<input type="checkbox"/> I	<input type="checkbox"/> R
Doxycycline	<input type="checkbox"/> S	<input type="checkbox"/> I	<input type="checkbox"/> R
Erythromycin	<input type="checkbox"/> S	<input type="checkbox"/> I	<input type="checkbox"/> R
Fusidic Acid	<input type="checkbox"/> S	<input type="checkbox"/> I	<input type="checkbox"/> R
Gentamicin	<input type="checkbox"/> S	<input type="checkbox"/> I	<input type="checkbox"/> R
Linezolid	<input type="checkbox"/> S	<input type="checkbox"/> I	<input type="checkbox"/> R
Mupirocin	<input type="checkbox"/> S	<input type="checkbox"/> I	<input type="checkbox"/> R
Oxacillin	<input type="checkbox"/> S	<input type="checkbox"/> I	<input type="checkbox"/> R
Quinupristin/Dalfopristin	<input type="checkbox"/> S	<input type="checkbox"/> I	<input type="checkbox"/> R
Rifampicin	<input type="checkbox"/> S	<input type="checkbox"/> I	<input type="checkbox"/> R
Teicoplanin	<input type="checkbox"/> S	<input type="checkbox"/> I	<input type="checkbox"/> R
Tetracycline	<input type="checkbox"/> S	<input type="checkbox"/> I	<input type="checkbox"/> R
Vancomycin	<input type="checkbox"/> S	<input type="checkbox"/> I	<input type="checkbox"/> R

Comments, if required

RESET FORM

Date received at ESR:

INSTITUTE OF ENVIRONMENTAL SCIENCE AND RESEARCH LIMITED
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www.esr.cri.nz

ESR Laboratory form number and version

Instructions on using 'fillable' forms: saving, printing and sending with your specimen

Click on drop down arrow for calendar or can be entered as 16/05/1998 and date will appear as 16-May-1998.

Enter SNAP study number if relevant

Additional comments can be entered here if required

Reset form button. NB: clicking this button clears all text

ESR use only

Link to ESR website