

## Attaching patient specimen labels to the request form:

If you are going to attach patient specimen labels to the request form prior to specimen collection, please **DO NOT** stick the top left or right hand corner of the labels to the form.

This makes the corner of the patient label to lose the ability to stick to the specimen properly, causing tubes to get stuck or become difficult for the analysers to manipulate.

SHADED AREAS ARE MANDATORY (Failure to complete may result in the request being rejected – Board of Clinical Governance) 18/11/2015

Waikato DHB Laboratories  
Ph 07 839 8606  
Fax 07 839 8759  
IANZ Registered Laboratory

General Laboratory Request Form

FAMILY NAME: ZZZ0016  
PRODSMOKE TEST, ALVISH-SMARTHEALTH  
Male 3 years, 2 months 20/11/2015  
20 Aitken Street Thorndon Wellington 6011  
GP: 1966H Dr General Doctor, Unknown - Generic External GP Pract  
Dept:

COLLECTION DETAILS  
Time Date  
Collector  
Employee ID  
Received

RESPONSIBLE DR/TEAM COPY TO

BLOOD MICROBIOLOGY / VIROLOGY / MOLECULAR BIOLOGY

Specimen type Anatomical Site(s)  
☐ Swab ☐ Fluid/Aspirate  
☐ Tissue ☐ Blood culture  
☐ Paediatric bag ☐ Early morning (TB only)  
☐ Faeces ☐ CSF  
☐ Sputum ☐ Other  
Test(s)  
☐ MC/S ☐ C.Difficile  
☐ MRSA ☐ TB  
☐ Resp. panel PCR (4 virus)

TESTS  
☐ Random ☐ Na/K  
☐ 24hr ☐ Urea  
☐ Creatinine  
☐ Protein

AUTHORISER  
Name:  
Designation:  
Signature:  
Date:  
Mobile / pager:

CLINICAL DETAILS / MEDICATION / ANTIBIOTICS

ORDER OF DRAW: ☐ Blood culture, ☐ Light blue, ☐ Yellow, ☐ Gold, ☐ Red, ☐ Light green, ☐ Green, ☐ QTB, ☐ Purple, ☐ Pink, ☐ Dark blue, ☐ Grey, ☐ Black 01/11/15

Two red 'X' marks are placed over the top-left and top-right corners of the patient label, indicating that attaching labels there is incorrect.

SHADED AREAS ARE MANDATORY (Failure to complete may result in the request being rejected – Board of Clinical Governance) 18/11/2015

Waikato DHB Laboratories  
Ph 07 839 8606  
Fax 07 839 8759  
IANZ Registered Laboratory

General Laboratory Request Form

FAMILY NAME: ZZZ0016  
PRODSMOKE TEST, ALVISH-SMARTHEALTH  
Male 3 years, 2 months 20/11/2015  
20 Aitken Street Thorndon Wellington 6011  
GP: 1966H Dr General Doctor, Unknown - Generic External GP Pract  
Dept:

COLLECTION DETAILS  
Time Date  
Collector  
Employee ID  
Received

RESPONSIBLE DR/TEAM COPY TO

BLOOD MICROBIOLOGY / VIROLOGY / MOLECULAR BIOLOGY

Specimen type Anatomical Site(s)  
☐ Swab ☐ Fluid/Aspirate  
☐ Tissue ☐ Blood culture  
☐ Paediatric bag ☐ Early morning (TB only)  
☐ Faeces ☐ CSF  
☐ Sputum ☐ Other  
Test(s)  
☐ MC/S ☐ C.Difficile  
☐ MRSA ☐ TB  
☐ Resp. panel PCR (4 virus)

TESTS  
☐ Random ☐ Na/K  
☐ 24hr ☐ Urea  
☐ Creatinine  
☐ Protein

AUTHORISER  
Name:  
Designation:  
Signature:  
Date:  
Mobile / pager:

CLINICAL DETAILS / MEDICATION / ANTIBIOTICS

ORDER OF DRAW: ☐ Blood culture, ☐ Light blue, ☐ Yellow, ☐ Gold, ☐ Red, ☐ Light green, ☐ Green, ☐ QTB, ☐ Purple, ☐ Pink, ☐ Dark blue, ☐ Grey, ☐ Black 01/11/15

Two green checkmarks are placed over the bottom-left and bottom-right corners of the patient label, indicating that attaching labels there is correct.

It is **OK** to attach patient specimen labels to the request form  
at the bottom left or right hand corner

as this part of the patient label will be covered with a laboratory barcode sticker,  
preventing analyser problems.

