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.

He Pūtaiao, He Tāngata Form must be filled in using Acrobat Reader DC - other ESR Laboratory form **ESR0909** pdf products do number and version not work. INSTRUCTIONS FOR USING THIS FILLABLE FORM. Download this form and open with Acrobat Reader DC. Instructions on using Download the form Complete your form and print a copy to accompany your sample. LABORATORY SERVICES REQUEST FORM 'fillable' forms: saving, Despatch the form with the isolate to the Nosocomial Infections and save a copy to STAPHYLOCOCCUS AUREUS (FROM BLOOD) printing and sending Laboratory, ESR, Kenepuru Science Centre, 34 Kenepuru Drive, your hard drive. REFERRAL FORM with your specimen Start each new LABORATORY INFORMATION request using the Submitting laboratory: master file you have Patient DHB: Jun-2023 Click on drop down downloaded. Jun 2023 arrow for calendar PATIENT INFORMATION Mo Tu We Th Fr Sa Su or can be entered as NHI number (please NHI number 1 2 3 4 5 6 7 8 9 10 11 16/05/1998 and date check it is correct) 12 13 14 15 16 17 18 will appear as Forenames 19 20 21 22 23 24 25 16-May-1998. Gender Date of hirth 26 27 28 29 30 1 2 r: (if g Hospital/Healthcare facility Ward: dy number: (if enrolled in SNAP Enter SNAP study Client laboratery number: Click to tick checkbox Sample site: Blood: Other (please specify number if relevant Click again to uncheck Date specimen collected: - if 'Other' is selected SUSCEPTIBILITY RESULTS - Please attach a copy of your susceptibility results or list the susceptibility interpretations below. 'blood' tick will be removed Interpretive standard (tick one): EUCAST CLSI Interpretation – please tick applicable Cefoxitin Comments, if required R □s Ceftaroline Click to tick checkbox S R Ciprofloxacin for MIC and enter mg/L □s Пі R Clindamycin number in space provided Пі \Box_{R} □s Co-trimovazole S R Daptomycin \Box R □s Doxcvcline R S Ervthromycin Click to tick checkbox Пі R Fusidic Acid for S, I or R interpretation Additional comments can □R (one only) Gentamicin be entered here if required s R Linezolid Пі R s s R Oxacillin R [Tick if S]
Penicillin disc beach zone pre s Пі Penicillin Click to tick checkbox s R Quinupristin/Dalfopristin when Penicillin is S and R s Rifampicin growth towards disc zone \Box s \Box \Box_{R} edge is beach Teicoplanin R S Tetracycline Reset form button. \Box_{R} NB: clicking this button Vancomycin Click to tick checkbox clears all text for MIC and enter mg/L number in space provided Date received at ESR: ESR use only INSTITUTE OF ENVIRONMENTAL SCIENCE AND RESEARCH LIMITED Send your samples to Kenepuru Science Centre: 34 Kenepuru Drive, Kenepuru, Porirua 5022 | PO Box 50348, Porirua 5240, New Zealand Link to ESR website www.esr.cri.nz T: +64 4 914 0700 F: +64 4 914 0770 ESR Kenepuru Science Centre address

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