



LabPLUS Anaerobic Reference Laboratory

Building 31, Gate 4 Grafton Rd, Auckland City Hospital ph 0800 522 7587 x 22713 (Anaerobes)

Reference Lab Use Specimen No.	Patient Data:		
	NHI Number:	Sex: M F U	Age/DOB
Received in Lab	Referring Laboratory:	Contact Phone Number:	
	(REPORT DESTN for LabPLUS registration)		
	Referring Person:	If urgent – supply contact email address	
Referring Lab Sample Number:			
Sample Date:			
Specimen/Site:			
Gram stain result:			
Isolated in pure / mixed growth:			
Organism submitted as:			
Relevant Clinical Data:			
Tests Required: <input type="checkbox"/> IDENTIFICATION		<input type="checkbox"/> SUSCEPTIBILITY TESTING:	
<input type="checkbox"/> Identification MALDI-TOF MS		Antimicrobials:	
<input type="checkbox"/> Identification Sequencing		<input type="checkbox"/> Penicillin	
		<input type="checkbox"/> Metronidazole	
		<input type="checkbox"/> Augmentin	
		<input type="checkbox"/> Clindamycin	
		<input type="checkbox"/> Meropenem	
		<input type="checkbox"/> Cefazolin - <i>C. acnes</i> ONLY	
		<input type="checkbox"/> Other _____	