



SOURCE BBFE REQUEST FORM

Orange Fields Compulsory

Phone: 09 574 7399

www.labtests.co.nz

BAR CODE		Source Blood and Body Fluid Exposure	
NHI	Surname	Given Names	
DOB / /	Sex	Address	NZMC No.
Phone No.	Address	Doctor Code	
Doctor			
Doctor's Address			
Date form given to "Source"			
Collection Centre Code:	Collector:	Date:	Time:

FOR LABTESTS USE ONLY

URGENT

BBFE Group Tests: Hep B sAg, HCV Ab, HIV Ag/Ab ✓

Panel code: = SOUSTIK



Mark here to opt out of TestSafe

Doctor's Signature:

Date:



RECIPIENT BBFE REQUEST FORM

Orange Fields Compulsory

Phone: 09 574 7399

www.labtests.co.nz

BAR CODE		Recipient Blood and Body Fluid Exposure	
NHI	Surname	Given Names	
DOB / /	Sex	Address	NZMC No.
Phone No.	Address	Doctor Code	
Doctor			
Doctor's Address			
Date form given to "Recipient"			
Collection Centre Code:	Collector:	Date:	Time:

FOR LABTESTS USE ONLY

URGENT

BBFE Group Tests: Hep B s Antibody/Ag, HCV Ab, HIV Ag/Ab ✓

Panel code: = **STICK**



Mark here to opt out of TestSafe

Doctor's Signature:

Date: