

SOURCE BBFE REQUEST FORM

Phone: 09 574 7399 www.awanuilabs.co.nz

Blue Fields Compulsory

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BARCODE			Source Blood and Body Fluid Exposure					
NHI		Surna	me		Given Names			
DOB	Sex	Addre	SS			NZMC No.		
1 1								
Phone No.		Addre	SS			Doctor Code		
Doctor								
Doctor's Address								
Date form given to "So	urce"							
Collection Centre Code	lection Centre Code:		ctor:	Date and time:		Copy to:		
FOR AWANUIL	_AB	SUSE	E ONLY					
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7	*	*	URC	261		***		
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BBFE Group	. Т.	oto:	Uan Da Aa U	CV/Ah LII	\/ \a/\b	/		
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Panel code:	_	CNIC	D					
Parier Code.	_	SINS)F					
Markh	ereto	opt out	of TestSafe					
De eterio Circuetturo		-				Deter		
Doctor's Signature:						Date:		
1								

Date Issued: 10/04/2025 Authorised by: Quality Manager



RECIPIENT BBFE REQUEST FORM

Phone: 09 574 7399 www.awanuilabs.co.nz

Blue Fields Compulsory

BAR CODE		Recipient Blood and Body Fluid Exposure					
NHI Surna		rname		Given Na	Given Names		
DOB S	ex Addre	SS			NZMC No.		
Phone No.	Addre	38			Doctor Code		
Doctor							
Doctor's Address							
Date form given to "Recip	pient"						
Collection Centre Code:	Coll	lector:	Date ar	nd Time:	Copy to:		
FOR AWANUI L	.ABS U	SE ONLY					
*	**	UR	GE	N7	- ***		
*BBFE Group							
BBFE Group					Ag/Ab ✓		
BBFE Group Panel code:	Tests:				Ag/Ab ✓		

Date Issued: 10/04/2025 Authorised by: Quality Manager