

SOURCE BBFE REQUEST FORM

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

Blue Fields Compulsory

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 and time:	Copy to:
<p>*FOR AWANUI LABS USE ONLY*</p> <p>***URGENT***</p> <p>BBFE Group Tests: Hep B sAg, HCV Ab, HIV Ag/Ab ✓</p> <p>Panel code: = SNSP</p>			
Mark here to opt out of TestSafe			
Doctor's Signature:			Date:

RECIPIENT BBFE REQUEST FORM

Phone: 09 574 7399

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Blue Fields Compulsory

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 and Time:	Copy to:
<p>*FOR AWANUI LABS USE ONLY*</p> <p>***URGENT***</p> <p>BBFE Group Tests: Hep B sAg/Ab, HCV Ab, HIV Ag/Ab ✓</p> <p>Panel code: = ENSP</p>			
Mark here to opt out of TestSafe			
Doctor's Signature:			Date: