

LABORATORY SERVICES REQUEST FORM WATER MICROBIOLOGY SAMPLE SUBMISSION

INSTRUCTIONS FOR USING FILLABLE FORMS:
In Acrobat Reader, please complete this form, then 'SAVE AS PDF' to your hard drive. Email to phl.phlsc@esr.cri.nz
Print out your form and send to ESR with your specimens.

CLIENT INFORMATION

Name of sampler: _____

Organisation name: _____

Client order No: _____ Job No: _____

Date sent: _____

TYPE OF SAMPLE *Please tick appropriate box*

Drinking water Effluent

Non potable water Saline recreational water

Swimming/Spa pool Fresh recreational water

Other (specify): _____

WEATHER CONDITIONS

At time of sampling: _____

Previous two days: _____

Water temperature at time of sampling: _____

REASON FOR TESTING *Please tick relevant boxes*

Routine monitoring Surveillance Illness

Complaint Building consent Retest

Episurv number if applicable: _____

TESTS REQUIRED *Please tick relevant tests*

Escherichia coli/Coliforms: Colilert MPN Colilert P/A

Total coliforms / Faecal coliforms / *E.coli* (MPN)

Enterococci:

Heterotrophic plate count: PP MF 35°C 22°C

Swimming/Spa pool water (HPC@37°C, *E. coli*, *Pseudomonas*, *Staphylococcus*):

Others *(please specify)* _____

MPN: Most Probable Number. P/A: Presence-Absence. MF: Membrane Filtration. PP: Pour plate.

ESR use only	Client Ref No.	Date and time sampled <i>Compulsory must be filled in</i>	Name of supply point <i>(please supply code in field under supply point)</i>	Water sample information <i>(select from dropdown menus under each column or write number from the table below)</i>			
				Source	Type	Treatment	FAC
			CODE:				
			CODE:				
			CODE:				

SOURCE OF SUPPLY	TYPE OF SUPPLY	TREATMENT
1 Well/Bore	8 Spring Head	12 Chlorination
2 River, Stream	9 Well Head	13 Ultra Violet
3 Water race/Canal	10 Building Reticulation	14 Ozone
4 Reservoir	11 Storage Tank	15 Filtration
5 Roof runoff		16 Coagulation
6 Spring		UT Untreated
7 Gallery		

Additional samples can be added on the next page

RESET FORM

