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LABORATORY SERVICES REQUEST FORM

LEGIONELLA SAMPLE REQUEST

(Test request for the analysis of environmental samples for Legionella)

CLIENT INFORMATION	u l	
Name of sampling office	ir:	
Client order no:	Case's EpiSurv no:	
Date sent:	Time sent:	
TYPES OF SAMPLES	Please DO NOT chill samples	Please tick appropriate box(es)
Drinking water	Cooling tower wate	er
Non potable water	Pipe work swab	
Swimming/Spa pool	Surface swab	
Potting mix (note bra	nd):	
Compost (note brand	i):	
Other (specify):		
REASON FOR TESTING	G Please tick appropriate box(es)	
Routine monitoring	Outbreak investigation	Repeat testing
Source tracing	Clearance testing	
Other (specify):		
TESTS REQUIRED Plea	ise tick appropriate box(es)	

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

NAME AND ADDRESS FOR REPORTING				
Name:				
Address:				
Contact:				
Phone:				
Email:				
ESR USE ONLY				
Date received:	Time received:			

Condition of sample on receipt:

Other:

Legionella isolation Legionella identification

Other	specify):

ESR Lab No.	Client Ref	Date and time	Sampla Sita	Water Sample Information				Water Sample	Water Sample Information		*KEY choose from options below
ESK Lab NO.	No. sampled Sample Site	Volume	Source*	Type*	Treatment*	FAC	Temp ^o C	options below			
										SOURCE OF SUPPLY 1 Unknown 2 Well/Bore 3 River or Stream	
										 4 Reservoir 5 Water Race, Canal 6 Roof run-off 	
										7 Spring 8 Geothermal	
										TYPE OF SUPPLY 11 Unknown	
										12 Spring Head 13 Well Head	
										14 Building Reticulation	
										15 Ornamental Water Feature	
										16 Bulk Storage Tank 17 Header tank	
										TREATMENT TYPE 21 Unknown	
										22 Chlorine biocide23 Bromine biocide24 Ultra Violet	
										25 Silver-Copper Ionisation	
										26 Filtration 27 Heat	
										UT Untreated	
										RESET FORM	

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