

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.phlcsc@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

- | | |
|--|--|
| <input type="checkbox"/> Drinking water | <input type="checkbox"/> Effluent |
| <input type="checkbox"/> Non potable water | <input type="checkbox"/> Saline recreational water |
| <input type="checkbox"/> Swimming/Spa pool | <input type="checkbox"/> Fresh recreational water |
| <input type="checkbox"/> Other (specify): | |

WEATHER CONDITIONS

At time of sampling:

Previous two days:

Water temperature at time of sampling:

REASON FOR TESTING Please tick relevant boxes

- | | | |
|---|---|----------------------------------|
| <input type="checkbox"/> Routine monitoring | <input type="checkbox"/> Surveillance | <input type="checkbox"/> Illness |
| <input type="checkbox"/> Complaint | <input type="checkbox"/> Building consent | <input type="checkbox"/> Retest |

Episurv number if applicable:

BUSINESS NAME AND ADDRESS FOR REPORTING

Name:

Address:

Contact name:

Email:

Phone:

Email for invoice *if different from above*:

ESR USE ONLY

Date received:

Time received:

Condition of sample on receipt:

Temp °C:

Chilled:

Unchilled:

Other:

TESTS REQUIRED Please tick relevant tests

- | | | |
|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> <i>Escherichia coli</i> /Coliforms: | <input type="checkbox"/> Colilert MPN | <input type="checkbox"/> Colilert P/A |
| <input type="checkbox"/> Total coliforms / Faecal coliforms / <i>E.coli</i> (MPN) | | |
| <input type="checkbox"/> Enterococci: | | |
| <input type="checkbox"/> Heterotrophic plate count: | <input type="checkbox"/> PP | <input type="checkbox"/> MF |
| | <input type="checkbox"/> 35°C | <input type="checkbox"/> 22°C |
| <input type="checkbox"/> Swimming/Spa pool water (HPC@37°C, <i>E. coli</i> , <i>Pseudomonas</i> , <i>Staphylococcus</i>): | | |
| <input type="checkbox"/> 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 <small>(please supply code in field under supply point)</small>	Water sample information <small>(select from dropdown menus under each column or write number from the table below)</small>			
				Source	Type	Treatment	FAC
			CODE:				
			CODE:				
			CODE				
SOURCE OF SUPPLY				TREATMENT			
1 Well/Bore		5 Roof runoff	8 Spring Head	12 Chlorination		15 Filtration	
2 River, Stream		6 Spring	9 Well Head	13 Ultra Violet		16 Coagulation	
3 Water race/Canal		7 Gallery	10 Building Reticulation	14 Ozone			
4 Reservoir			11 Storage Tank	UT Untreated			

Additional samples can be added on the next page

RESET FORM

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