

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@phfscience.nz
Print out your form and send to PHF Science 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:

TERMS AND CONDITIONS [VIEW ON THIS LINK](#)

- ☐ By submitting this form, I (named above) agree to PHF Science's Terms and Conditions

PHF SCIENCE 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.

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

SOURCE OF SUPPLY		TYPE 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](#)

NEW ZEALAND INSTITUTE FOR PUBLIC HEALTH AND FORENSIC SCIENCE LIMITED

Christchurch Science Centre: 27 Creyke Road, Ilam, Christchurch 8041, PO Box 29181, Christchurch 8540, New Zealand, T: +64 3 351 6019

www.phfscience.nz

LABORATORY SERVICES REQUEST FORM

MICROBIOLOGICAL ANALYSIS OF WATER

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SOURCE OF SUPPLY		TYPE OF SUPPLY		TREATMENT	
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3 Water race/Canal	7 Gallery	10 Building Reticulation	14 Ozone		
4 Reservoir		11 Storage Tank	UT Untreated		

If you have more samples, please start another form

RESET FORM

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