

Request for Laboratory Services - Drinking and Recreational Waters

<input type="checkbox"/> Check here if Sample Tracking in Lab is needed for Chain of Custody		
Submitter:	Collector:	County:
Address:	Date: _____ Time: _____	Status: <input type="checkbox"/> First submission <input type="checkbox"/> Repeat <input type="checkbox"/> Replacement
Phone:	Sample: <input type="checkbox"/> Regulatory <input type="checkbox"/> Non-regulatory <input type="checkbox"/> Other	
<u>Drinking Water Source</u> <input type="checkbox"/> Chlorinated/Disinfected <input type="checkbox"/> Untreated <input type="checkbox"/> Pre-distribution <input type="checkbox"/> Distribution <input type="checkbox"/> Surface water <input type="checkbox"/> Groundwater <input type="checkbox"/> Ground w Surface Influence		<u>Test/Analysis</u> <input type="checkbox"/> Presence/Absence <input type="checkbox"/> Enumeration <input type="checkbox"/> Coliforms (circle: Total Fecal <i>E. coli</i>) <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
<u>Recreational Water</u> <input type="checkbox"/> Marine or Estuary <input type="checkbox"/> Freshwater <u>Other</u> _____		
Bottle Cap#	Collection Point/Sample Site	
Sample Preservation – Field Treatment <input type="checkbox"/> None <input type="checkbox"/> Iced <input type="checkbox"/> Sodium thiosulfate <input type="checkbox"/> Acidified <input type="checkbox"/> Other		
Special instructions:		

For Laboratory Use Only								
Shipped Date: [_____]		Unpacked by	Received Date & Time		Temperature on lab arrival			
<input type="checkbox"/> DHL <input type="checkbox"/> UPS <input type="checkbox"/> FedX <input type="checkbox"/> Hand <input type="checkbox"/> USPS <input type="checkbox"/> GoldenState <input type="checkbox"/> Other						<input type="checkbox"/> Warm <input type="checkbox"/> Cold <input type="checkbox"/> Frozen (____ °C)		
Condition Notes: <input type="checkbox"/> Exceeded transit time (a) <input type="checkbox"/> Integrity compromised (b) <input type="checkbox"/> Leaked in transit (c) <input type="checkbox"/> Other _____ (d) <input type="checkbox"/> Quantity <100 ml (e) <input type="checkbox"/> Temperature >10 C (f)								
Results								
<input type="checkbox"/> NONE – Agency contacted for replacement sample								
EMDS No	Condition Notes	Total Coliform ⁽¹⁾	Fecal Coliform ⁽¹⁾	<i>E. coli</i> ⁽¹⁾	Colony Count ⁽²⁾	Circle: unit of measurement	Test Method ³	
						MPN cfu		
						MPN cfu		
						MPN cfu		
						MPN cfu		
(1) MPN or cfu per 100 ml for enumeration; Presence=P or Absence=A per 100 ml (2) Heterotrophic Plate Count as cfu per ml (3) Test Methods: F=Fermentation; D=Defined substrate; M=Membrane Filter; R=R2A agar; P=Plate count agar; O=Other								
Notes: _____								
Analyst: Initials/date	QC/QA reviewed: Initials/date	Sup reviewed: Initials/date	Results phoned to:					
			Date _____ Time _____		By _____			
			Computer entry <input type="checkbox"/> Done			Electronic transmission <input type="checkbox"/> Done		
Lab-N-801.water.06.28.13								
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