

ESR USE ONLY
Attach label here

COVID-19 WASTEWATER TESTING COLLECTION FORM

SAMPLE INFORMATION

COLLECTION SITE (please specify name of town/city):

SAMPLE TYPE (please TICK): Composite Grab 3 x grab, mixed

Date autosampler started (leave blank if grab): Time:

Date autosampler finished, or grab collected: Time:

Date sent to ESR:

Sampler's name:

Flow rate (m³):

INSTRUCTIONS

Fill out one form per sample.

- Please sample and send as early in the week as possible. Do not send samples on a Friday.
- Place sample inside ziplock bag and seal the bag.
- Samples should be kept cold until sending, and be sent on pre-frozen cold packs.
- Please fix enclosed courier label to outside of chilly bin, and flip laminated address card to ESR side.

Please email: wastewater@esr.cri.nz with flow data (if not provided above), any updated contact details (e.g. due to personnel changes), or any other issues.

Latest results can be found at: <https://www.esr.cri.nz/our-expertise/covid-19-response/wastewater-testing-results/>

Thanks for collecting this sample!

NOTES

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Received:

Ambient Chilled A R

Received by:

Initials:

Date:

Time: