

## LABORATORY SERVICES REQUEST FORM COVID-19 WASTEWATER TESTING COLLECTION FORM

### SAMPLE INFORMATION

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

SAMPLE TYPE (please TICK):  Composite  Grab  Other (specify)

Leave this row blank for grab samples.

Date sampling started: \_\_\_\_\_ Time: \_\_\_\_\_

Date sampling finished: \_\_\_\_\_ Time: \_\_\_\_\_

Samples should reach the laboratory within 24 hours of collection.

Date sent to ESR: \_\_\_\_\_

Sampler's name: \_\_\_\_\_

### INSTRUCTIONS

Fill out one form per sample.

- 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 provide flow data using the online survey e-mailed on Friday at 1pm. If this is not possible, please e-mail flow data (weekly) to [wastewater@esr.cri.nz](mailto:wastewater@esr.cri.nz).

Updated contact details (e.g. due to personnel changes), or any other issues should be e-mailed to [wastewater@esr.cri.nz](mailto:wastewater@esr.cri.nz).

Thank you for collecting this sample.

### NOTES

### SPECIMEN STORAGE / TRANSPORT HISTORY

Please indicate sample storage and transport conditions to comply with IANZ standards.

	Ambient	Chilled	Time
Stored:	<input type="checkbox"/>	<input type="checkbox"/>	for ___ hours <b>or</b> ___ days
Transported:	<input type="checkbox"/>	<input type="checkbox"/>	

### ESR USE ONLY

Received:

Ambient  Chilled      A      R

Received by: \_\_\_\_\_

Initials: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

**RESET FORM**