

## 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](mailto:phl.phlcsc@esr.cri.nz)  
Print out your form and send to ESR with your specimens.

CLIENT INFORMATION	
Name of sampling officer:	
Organisation name:	
Client order No:	Job No:
Date sent:	Time sent:

NAME AND ADDRESS FOR REPORTING
Name:
Address:
Contact:
Phone:
Email:

TYPE OF SAMPLE <small>Please tick appropriate box</small>	
<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):	

ESR USE ONLY
Date received:
Time received:
Condition of sample on receipt:
Temp °C:
<input type="checkbox"/> Chilled:
<input type="checkbox"/> Unchilled:
Other:

WEATHER CONDITIONS
At time of sampling:
Previous two days:
Water temperature at time of sampling:

REASON FOR TESTING <small>Please tick relevant boxes</small>		
<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:		

TESTS REQUIRED <small>Please tick relevant tests</small>	
<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	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)</small>			
				Source	Type	Treatment	FAC
			CODE:				
			CODE:				
			CODE:				
			CODE:				
			CODE:				

Additional samples can be added on the next page

RESET FORM

