



San Diego County Public Health Laboratory

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ELAP# 1730

Ambient Water Bacteriology Test Requisition Form

(*DENOTES REQUIRED INFORMATION)

CLIENT INFORMATION		* TEST REQUESTED (CHECK ALL THAT APPLY)	
* CLIENT NAME:		ddPCR for Enterococci: MCB-ddPCR SOP 018-000 Membrane Filtration for Total Coliforms: SM 9222 B-2015 Membrane Filtration for Fecal Coliforms: SM 9222 D-2015 Membrane Filtration for Enterococci: EPA 1600 Enzyme Substrate for Enterococci-Quantitative: SM 9230 D-2013 Enterolert Enzyme Substrate Quantitative for E.coli: SM 9223 B-2016 Colilert 18 Multiple Tube Fermentation for Total & Fecal Coliforms: SM 9221 B, E-2014	
* PHONE NUMBER:			
* ADDRESS:			
* SAMPLE INFORMATION			
* SAMPLE SOURCE: <input type="checkbox"/> SEA WATER <input type="checkbox"/> SURFACE WATER			
* COLLECTION DATE:	* COLLECTED BY:	LAB USE ONLY	
* PRESERVATION: <input type="checkbox"/> ICE <input type="checkbox"/> OTHER	* BOTTLE LOT #:		
THIS SPACE IS RESERVED FOR PUBLIC HEALTH LAB USE ONLY			
* LOCATION NAME:		TRANSIT TIME: <input type="checkbox"/> ≤ 1 hrs <input type="checkbox"/> 1- 6 hrs <input type="checkbox"/> ≥ 6 hrs	
* LOCATION ID:		TEMP ON ARRIVAL: TEMP ACCEPTABLE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
* COLLECTION TIME:		SAMPLE CONDITION: <input type="checkbox"/> OVERFILLED <input type="checkbox"/> UNDERFILLED <input type="checkbox"/> LEAKING	
DISTANCE:		<input type="checkbox"/> DISCOLORED <input type="checkbox"/> RESIDUE <input type="checkbox"/> SEDIMENT <input type="checkbox"/> OTHER	
* LOCATION NAME:		SAMPLE ACCEPTABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSAT FORM COMPLETED	
* LOCATION ID:		TRANSIT TIME: <input type="checkbox"/> ≤ 1 hrs <input type="checkbox"/> 1- 6 hrs <input type="checkbox"/> ≥ 6 hrs	
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COMMENTS:		IR THERMOMETER	
		<input type="checkbox"/> #230315319 <input type="checkbox"/> #230315310	
* RELINQUISHED BY:		* SIGNATURE:	
* RECEIVED BY:		* SIGNATURE:	
* DATE/ TIME:			