



San Diego County Public Health Laboratory

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ELAP# 1730

Wastewater Test Requisition Form

(*)DENOTES REQUIRED INFORMATION

CLIENT INFORMATION			
* CLIENT NAME:		* ADDRESS:	
* PHONE NUMBER:		* FAX NUMBER:	
* PERSON TO NOTIFY OF RESULTS:		* EMAIL ADDRESS:	
* SAMPLE INFORMATION		* TEST REQUESTED (CHECK ALL THAT APPLY)	
* SAMPLE SOURCE: <input type="checkbox"/> WASTEWATER		<input type="checkbox"/> Multiple Tube Fermentation for wastewater- SM 9221 B, C, E	
* COLLECTION DATE:	* COLLECTED BY:		
PRESERVATION:	ACTIVITY NUMBER:		
LAB USE ONLY			
THIS SPACE IS RESERVED FOR PUBLIC HEALTH LAB USE ONLY	* LOCATION NAME:	SAMPLE CONDITION: <input type="checkbox"/> OVERFILLED <input type="checkbox"/> UNDERFILLED <input type="checkbox"/> LEAKING	
	* LOCATION ID: * DISTANCE:	<input type="checkbox"/> DISCOLORED <input type="checkbox"/> RESIDUE <input type="checkbox"/> SEDIMENT <input type="checkbox"/> OTHER	
	* COLLECTION TIME:	TEMPERATURE (<8°C) TRANSIT TIME: <input type="checkbox"/> ≤ 1 hrs <input type="checkbox"/> 1- 8 hrs <input type="checkbox"/> ≥ 8 hrs	
	* CHLORINE RESIDUAL (mg/L):	TEMP ON ARRIVAL:	BOTTLE #/ LOT #:
		SAMPLE ACCEPTABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSAT FORM COMPLETED	
THIS SPACE IS RESERVED FOR PUBLIC HEALTH LAB USE ONLY	* LOCATION NAME:	SAMPLE CONDITION: <input type="checkbox"/> OVERFILLED <input type="checkbox"/> UNDERFILLED <input type="checkbox"/> LEAKING	
	* LOCATION ID: * DISTANCE:	<input type="checkbox"/> DISCOLORED <input type="checkbox"/> RESIDUE <input type="checkbox"/> SEDIMENT <input type="checkbox"/> OTHER	
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		SAMPLE ACCEPTABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSAT FORM COMPLETED	
COMMENTS:		SAMPLE RECEIVED	
		IR THERMOMETER	
		<input type="checkbox"/> ON ICE <input type="checkbox"/> ROOM TEMP <input type="checkbox"/> FROZEN	<input type="checkbox"/> #230315319 <input type="checkbox"/> #230315310
* RELINQUISHED BY:		* DATE/ TIME:	
SIGNATURE			
RECEIVED BY:		DATE/ TIME:	
SIGNATURE			