

LAB USE ONLY:



DATE/TIME RECEIVED/TEMP./INITIALS:

County of San Mateo
Public Health Laboratory
225 West 37th Avenue, Room #113
San Mateo, CA 94403
(650) 573-2500

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CLIA #: 05D0857622 ELAP #: 1591

ENVIRONMENTAL TEST REQUEST FORM

COLLECTED BY: _____ DATE COLLECTED: _____

SAMPLER CONTACT: _____ TIME COLLECTED: _____

SYSTEM ID #: _____ SAMPLE# (MATCH WITH SAMPLE BOTTLE): _____

SYSTEM NAME: _____

SAMPLE SITE/ADDRESS: _____

COMMENTS: _____

SEND REPORT TO:

BILL TO (NAME OF ORGANIZATION):

EMAIL: _____

FAX: _____

TEST CHOICE (METHOD):

- COILERT-18 MPN TEST (SM9223B)
- COLILERT-18 PRESENCE/ABSENCE (SM9223B)
- DRINKING/SOURCE WATER MPN (SM9223B)
- MEMBRANE FILTER TEST (SM9222B)
- ENTEROLERT MPN (SM9230D)
- COLILERT-18 FECAL COLIFORMS (IDEXX)

- MULTIPLE TUBE FERMENTATION (SM9221)
- HETEROTROPHIC PLATE COUNT (SM9215B)

PANEL TEST CHOICE:

- AB411 (EH ONLY)
- AB1876 (EH ONLY)
- PHYSICAL PROPERTIES:
 - COLOR
 - TURBIDITY
 - ODOR

SAMPLE TYPE:

- DRINKING WATER
 - CHLORINATED _____ mg/L
 - RAW
 - SOURCE
- WASTEWATER
 - WWTP
 - SECONDARY EFFLUENT
 - OTHER _____
- RECREATIONAL WATER
 - FRESH
 - SALT
- SURFACE WATER
 - FRESH
 - SALT
 - OTHER _____
- IN-HOUSE DI WATER
 - START
 - INTERMEDIATE
 - END

RESERVED FOR LABORATORY USE:

START: _____
DATE: _____ TIME: _____
INITIALS: _____

READ: DATE: _____
TIME: _____ INITIALS: _____
TIME (EF): _____ INITIALS: _____

MFT

M-ENDO:
 <1 ABSENT
 GROWTH OBSERVED

P/A

PRE-WARM: DATE _____
START/END TIME: _____
PRE-WARM SAMPLE TEMP.: _____
WATER BATH TEMP.: _____
COLIFORMS: ABSENT / PRESENT
TOTAL COLIFORM: ABSENT / PRESENT
E. COLI: ABSENT / PRESENT

LARGE WELLS/SMALL WELLS

MPN

TC

EC

EF