|  |  |  |
| --- | --- | --- |
|  LAB USE ONLY: REVIEWED DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   | A Year in Review - San Mateo County HealthSan Mateo County Public Health Laboratory225 37th Avenue, Bldg A, First FloorSan Mateo, CA 94403 PH:(650)573-2500Dr. Kristina Hsieh, Dr.PH, HCLD(ABB)ELAP #: 1591 | DATE/TIME RECEIVED/TEMP./INITIALS:Samples received on ice/ice pads? oYes NoSamples in proper collection containers? £Yes NoAppropriate sample volume collected? £Yes No |
|  |  |

 **ENVIRONMENTAL TEST REQUEST FORM**

**COLLECTED BY**: \_ **\_\_\_\_\_\_\_\_**  **DATE COLLECTED**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SAMPLER CONTACT**: \_\_\_\_\_\_ \_\_\_\_\_\_\_\_ **TIME COLLECTED**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SYSTEM ID** #:\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ **SAMPLE#** (Match the sample bottle):\_\_\_\_\_\_\_\_\_\_

**SYSTEM NAME**: \_\_ \_\_\_\_\_\_\_\_\_\_ **COMMENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SAMPLE SITE/ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SEND REPORT TO:**  **BILL TO: (NAME OF ORGANIZATION):**

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Receipt #:

|  |  |  |
| --- | --- | --- |
| TEST CHOICE | ANALYTICAL METHOD | SAMPLE TYPE |
| £ COLILERT-18 PRESENCE/ABSENCE | SM 9223B Colilert 18 | • DRINKING WATER |
|  |  |  • CHLORINATED  |
|  |  |  £ RAW  |
|  |  |  £ SOURCE |
|  |  | £ OTHER:\_\_\_\_\_\_\_\_\_\_\_\_ |

DO NOT WRITE BELOW

FOR LAB USE ONLY:

|  |
| --- |
| **P/A RESULTS:****COLIFORMS: ABSENT / PRESENT****TOTAL COLIFORM: ABSENT / PRESENT****E. COLI: ABSENT / PRESENT** |