

Environmental Testing Requisition Instructions

- **Sample ID #:** must match the Sample ID on the bottle (for example, collector's initials and sample number: JS-1)
- **Account #:** leave blank if you do not have one
- **Reason for Testing:** select "Routine" for regular testing, "Retest" for resampling a failed test or "Replacement" if an initial sample was rejected or invalidated
- **Free Residual Chlorine:** does not apply to most testing; fill out if chlorine was measured in the field at collection
- **Temperature Upon Receipt:** recorded by Laboratory
- **Test Order 8040:** the standard water quality test for drinking water and well water monitoring
- **Custody Transfer:** to be signed at time of submission

General Notes

- **Fill Level:** fill sample *only* to the embossed 100 mL line; over or under-filling will alter the concentration of the additive in the bottle and may result in a rejected sample
- **Holding Time:** 24 hours (*from time of collection to time of receipt at Laboratory*); however, it is recommended to deliver to the Laboratory as soon as possible
- **Temperature:** store sample in the refrigerator if it cannot be delivered immediately; it is recommended to transport the sample in a cooler on ice
- **Delivery:** samples accepted M-Th from 8:00 am – 3:30 pm
- **Results:** if the sample is positive, the submitter will be notified by phone before 5:00 pm the following day; if the sample is negative, the report will be sent to the address listed on the requisition form (*email preferred*)
- **Fee:** \$23 (effective 01 JUL 2016 – 30 JUN 2017)

Updated 01 JUL 2016



SAN LUIS OBISPO COUNTY PUBLIC HEALTH LABORATORY

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www.sloPublicHealth.org/lab
ELAP: 2114

THIS SPACE RESERVED FOR PUBLIC HEALTH LAB USE

SAMPLE COLLECTION			
Sample ID #			
Sampling Location (wellhead/ kitchen sink/ etc.)			
Sampling Street Address			
City	State	ZIP	
Comments:			

SAMPLE COLLECTION	
Collection Date	Collection Time <input type="checkbox"/> AM <input type="checkbox"/> PM
Sample Collector Name (please print clearly)	
Sample Collector Signature	
Reason for Testing (sample type) <input type="checkbox"/> Routine <input type="checkbox"/> Retest <input type="checkbox"/> Replacement <input type="checkbox"/> Other	
Free Residual Chlorine (if reported)	
Temperature Upon Receipt (°C)	

BILLING	
Send Invoice To	<input type="checkbox"/> Same as Above
Amount Paid \$	
<input type="checkbox"/> Visa #:	Exp. Date
<input type="checkbox"/> MC #:	
<input type="checkbox"/> Check #:	<input type="checkbox"/> Cash <input type="checkbox"/> Fee Waived

SAMPLE SOURCE			
<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Swimming Pool Water	<input type="checkbox"/> Creek / Stream Water	<input type="checkbox"/> DI (deionized) Water
<input type="checkbox"/> Irrigation Water	<input type="checkbox"/> Hot Tub Water	<input type="checkbox"/> Lake Water	<input type="checkbox"/> Other (specify):

TEST ORDER	
Water Testing - General	
<input type="checkbox"/> 8040 Drinking Water Quality – Bacterial Presence/Absence – Total Coliforms / <i>E. coli</i> (SM 9223 Idexx Colliert)	
Water Testing - Special	
<input type="checkbox"/> 8025 Total Coliforms / <i>E. coli</i> MPN (SM 9223 Idexx Colliert QuantTray)	<input type="checkbox"/> 8045 Heterotrophic Plate Count – HPC (SM 9215B)
<input type="checkbox"/> 8010 Enterococci MPN (SM 9230 Idexx Enterolert QuantTray)	<input type="checkbox"/> 9300 Salinity (Refractometry)
<input type="checkbox"/> 8010 Fecal Coliforms MPN – A1 (SM 9221E A1 MTF)	<input type="checkbox"/> 9300 Surface Sanitation Culture
<input type="checkbox"/> 8020 Fecal Coliforms MPN – ECB (SM 9221E ECB MTF)	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> 8400 Total / Fecal Coliforms MPN (SM 9221B, E 9388/ECB MTF)	

CUSTODY TRANSFER		
Relinquished By	Received By	Date and Time