


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:** \$24 (effective 01 JUL 2017 – 30 JUN 2018)

Updated 03 NOV 2017

		SAN LUIS OBISPO COUNTY PUBLIC HEALTH LABORATORY		<div style="border: 1px solid black; padding: 5px; text-align: center;">THIS SPACE RESERVED FOR PUBLIC HEALTH LAB USE</div>	
		2191 Johnson Avenue, San Luis Obispo, CA 93401 Ph: 805-781-5507 FAX: 805-781-1023 www.sloPublicHealth.org/lab ELAP: 2114			
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)					
SAMPLE SOURCE					
<input type="checkbox"/> Drinking Water		<input type="checkbox"/> Swimming Pool Water		<input type="checkbox"/> Creek / Stream Water	
<input type="checkbox"/> Irrigation Water		<input type="checkbox"/> Hot Tub Water		<input type="checkbox"/> Lake Water	
				<input type="checkbox"/> DI (deionized) 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 Collet)					
Water Testing - Special					
<input type="checkbox"/> 8025 Total Coliforms / <i>E. coli</i> MPN (SM 9235 Idexx Collet 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 (Reflectometry)		
<input type="checkbox"/> 8910 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 90BB/ECB MTF)					
CUSTODY TRANSFER					
Relinquished By			Received By		Date and Time