

# Environmental Testing Requisition

## Instructions

- **Sample ID #:** You make this up, write it on the bottle and form, (for example, collector's initials and the date: JS-23).
- **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.
- **Other Test Orders:** Call Laboratory to discuss. (805) 781-5507
- **Custody Transfer:** To be signed at time of submission.

## General Notes

- **Fill Level:** Fill sample *only* to the embossed 100 mL line; under-filling requires rejection. Overfilling 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:** \$31 (effective 01 JUL 2020 – 30 JUN 2021)



COUNTY OF SAN LUIS OBISPO  
**PUBLIC HEALTH LABORATORY**  
 2191 Johnson Avenue, San Luis Obispo, CA 93401  
 (P) 805-781-5507 (F) 805-781-1023  
[www.sloPublicHealth.org/lab](http://www.sloPublicHealth.org/lab)  
 ELAP: 2114

THIS SPACE RESERVED FOR LABORATORY USE

SAMPLE COLLECTION		
Sample ID # (must match Sample ID # from sample container)		
Sampling Location (wellhead/ kitchen sink/ etc.)		
Sampling Street Address		<input type="checkbox"/> Same as Submitter Location
City	State	ZIP
Comments:		

SUBMITTER		
Account #		
Submitter Name		
Submitter Street Address		
City	State	ZIP
Contact Name		<input type="checkbox"/> Same as Above
Phone (please print clearly)	Fax	
Email (please print clearly)		

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) & Thermometer Number Used	

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

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

TEST ORDER	
<input checked="" type="checkbox"/> 8040 Total Coliforms / E. coli – Bacterial Presence/Absence – Drinking Water Quality	(SM 9223 Idox Colliert)
<input type="checkbox"/> 8350 Total Coliforms / E. coli, undiluted, Most Probable Number	(SM 9223 Idox Colliert QuantTray)
<input type="checkbox"/> 8910 Fecal Coliforms MPN – A1	(SM 9221E A1 MTF)
<input type="checkbox"/> 8069 Salinity	(Refractometry)
<input type="checkbox"/> 8045 Heterotrophic Plate Count – HPC	(SM 9215B)
<input type="checkbox"/> 8025 Total Coliforms/E. coli MPN	(SM 9223 Idox Colliert QuantTray)
<input type="checkbox"/> 9300 Surface Sanitation Culture	
<input type="checkbox"/> 8010 Enterococci MPN	(SM 9230 Idox Enterolert QuantTray)
<input type="checkbox"/> Other (specify):	

CUSTODY TRANSFER					
Relinquished By	Date	Time	Received By	Date	Time
Relinquished By	Date	Time	Received By	Date	Time