



**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

ELAP: 2114

THIS SPACE RESERVED FOR LABORATORY USE

SAMPLE COLLECTION			
Sample ID # <i>(must match Sample ID # from sample container)</i>			
Sampling Location <i>(wellhead/ kitchen sink/ etc.)</i>			
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 <i>(please print clearly)</i>	Fax	
Email <i>(please print clearly)</i>		

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

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/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 <i>(specify):</i>

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

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