Environmental Testing Requisition Instructions

- Complete all highlighted fields of the form.
- **Sample ID #**: You make this up, write it on the bottle and form (for example, collector's initials and the date: JS-25).
- Account #: Leave blank if you do not have one.
- Reason for Testing: Select "Routine" for regular testing, "Retest" for resampling a failed test, "Replacement" if an initial sample was rejected or invalidated, or rarely "Survey."
- 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 Public Health staff.
- **Test Order 8040**: The standard water quality test for drinking water and well water monitoring.
- Other Test Orders: Call Laboratory for help selecting appropriate test. (805) 781-5507.
- **Custody Transfer**: To be signed at time of submission.

General Notes

- **Fill Level**: Fill sample to the black fill line; under-filling will result in rejection. Overfilling will alter the concentration of the additive in the bottle and may result in a rejected sample.
- **Temperature**: Store sample in the refrigerator (2-8°C) if it cannot be delivered immediately. It is recommended to transport the sample in a cooler on ice. **Do not freeze.**
- **Holding Time**: 30 hours (*from time of collection to time test is set up*). However, it is recommended to deliver to the Laboratory as soon as possible.
- **Delivery**: Samples accepted M–Th from 8:00 am–3:30 pm.
- Results: Results are primarily emailed; otherwise, faxed or USPS. If a drinking water sample is positive, the submitter will also be called.
- **Fee**: 8040 test is \$48 (7/2025 to 6/2026)



COUNTY OF SAN LUIS OBISPO PUBLIC HEALTH LABORATORY

2191 Johnson Avenue, San Luis Obispo, CA 93401 Ph: 805-781-5507 Fax: 805-781-1023 www.sloPublicHealth.org/lab THIS SPACE RESERVED FOR PUBLIC HEALTH LAB USE

Sample ID # you make this up, must also be an sample container) Sampling Location (wellhead/kitchen sink/etc.) Sampling Street Address Sampling Street Address Submitter Street Address State ZIP Fax Fax Same as Above Fax Email (please print clearly) Same as Above Sample Collector Name (please print clearly) Sample Collector Signature Reason for Testing Routine Survey Repeated Collection Graporical Free Residual Chlorine (fraporical) Temperature Unon Receipt (CO & Thermometer Number Used						
Sampling Location (wellhead/kitchen sink/etc.) Sampling Street Address Same as Submitter Location Submitter Street Address State ZIP Comments: Email (please print clearly) Fax Email (please print clearly) Sample Collector Name (please print clearly) Sample Collector Name (please print clearly) Sample Collector Signature Reason for Testing	SAMPLE COLLECTION		SUBMITTER			
Sampling Street Address Same as Submitter Location City	Sample ID # (you make this up, must also be o	n sample container)	Account #			
Comments: Example only State ZIP City State ZIP Same as Above	Sampling Location (wellhead/kitchen sink/et	c.)	Submitter Name			
Example only Fax	Sampling Street Address	☐ Same as Submitter Location	Submitter Street Address			
SAMPLE COLLECTION Collection Date Collection Time	City	State ZIP	Citv	State	ZIP	
SAMPLE COLLECTION Collection Date Collection Time						
SAMPLE COLLECTION Collection Date Collection Time AM PM Sample Collector Name (please print clearly) Sample Collector Signature Reason for Testing Routine Survey Replacement Retest Other Free Residual Chlorine (freported) Temperature Lipon Receipt (*O.8. Thermometer Number Used	Comments:	Examp	le only		☐ Same as Above	
SAMPLE COLLECTION Collection Date Collection Time AM PM Sample Collector Name (please print clearly) Sample Collector Signature Reason for Testing Routine Survey Replacement Retest Other Free Residual Chlorine (freported) Temperature Lipon Receipt (*O.8. Thermometer Number Used		_		Fax		
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Collection Date Collection Time AM PM Sample Collector Name (please print clearby) Sample Collector Signature Reason for Testing Routine Survey Replacement Retest Other Free Residual Chlorine (greported) Temperature Lippo Receipt (*O.8. Thermometer Number Used)						
Sample Collector Name (please print clearly) Sample Collector Signature Reason for Testing Routine Survey Replacement Retest Other Free Residual Chlorine (freported) Temperature Upon Receipt (**O.8. Thermometer Number Used	SAMPLE COLLECTION		BILLING			
Sample Collector Signature Reason for Testing	Collection Date		Send Invoice To		☐ Same as Above	
Reason for Testing Routine Survey Replacement Retest Other Free Residual Chlorine #reported Temperature Upon Receipt (*O.& Thermometer Number Used) Temperature Upon Receipt (*O.& Thermometer Number Used)	Sample Collector Name (please print clean	<i>b</i>)				
□ Replacement □ Retest □ Other Free Residual Chlorine (if reported) □ Visa #: □ MC #: Temperature Upon Receipt (°C) & Thermometer Number Used	Sample Collector Signature					
Free Residual Chlorine (freported) Visa #: Exp. Date MC #:	Reason for Testing R	outine 🗖 Survey	Amount Paid			
Temperature Upon Receipt (°C) & Thermometer Number Used	☐ Replacement ☐ R	etest				
Temperature Upon Receipt (°C) & Thermometer Number Used	Free Residual Chlorine (if reported)		☐ Visa #:		Exp. Date	
Temperature Upon Receipt (°C) & Thermometer Number Used			☐ MC #:			
☐ Cash ☐ Fee Walved	Temperature Upon Receipt (°C) & Thermometer Number Used		☐ Check#:	☐ Cash	☐ Fee Waived	
SAMPLE SOURCE		SAMPI	.E SOURCE			
✗ Drinking Water □ Pool/Spa Water □ Creek/Stream/Lake Water □ DI (deionized) Water	Drinking Water	🗖 Pool/Spa Water	☐ Creek/Stream/Lake Water	□ DI (deion	ized) Water	
□ Irrigation Water □ Hot Tub Water □ Dental Water □ Other (specify):	☐ Irrigation Water	☐ Hot Tub Water	☐ Dental Water	□ Other (sp	ecify):	
TEST ORDER		TEST	ORDER			
№ 8040 Total Coliforms/E. coli–Bacterial Presence/Absence–Drinking Water Quality (SM 9223 Idex Collett)	₩ 8040 Total Coliforms/E.	coli–Bacterial Presence/Abs	ence-Drinking Water Quality		(SM 9223 Idexx Colilert)	
	•	7511.00				
	■ 8350 Total Coliforms/E. co	(SM 9223 Idexx Colilert QuantiTray)				

	TEST ORDER							
№ 8040 Total Coliforms/ <i>E. coli</i> -Bacterial Presence/Absence-Drinking Water Quality (SM 9223 Idex C								
□ 8350	8350 Total Coliforms/E. coli, undiluted, Most Probable Number (SM 9223 Ideax Colliert Quantit							
□ 8910	Thermotolerant (Fecal) Coliforms MPN–A1 (SM 9221EA1 MTF)	■ 8045 Heterotrophic Plate Count–HPC (SM 9215B)						
□ 8069	Salinity (Refractometry)	☐ 9300 Surface Sanitation Culture						
□ 8025	Total Coliforms/E. coli, diluted, MPN (SM 9223 Idexx Colilert QuantiTray)	☐ Other (specify):						
□ 8010	Enterococci, diluted, MPN (SM 9230 Idexx Enterolert QuantiTray)							

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

Requisition 200 Environmental Updated 24 June 2022