



# 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](http://www.sloPublicHealth.org/lab)  
ELAP certificate #: 2114

THIS SPACE RESERVED FOR PUBLIC HEALTH LAB USE

SAMPLE COLLECTION		
Sample ID # (you make this up, must also be on 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	<input type="checkbox"/> Routine <input type="checkbox"/> Survey <input type="checkbox"/> Replacement <input type="checkbox"/> Retest <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 \$	
<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"/> Pool/Spa water	<input type="checkbox"/> Creek/Stream/Lake water	<input type="checkbox"/> Other:
<input type="checkbox"/> Irrigation water	<input type="checkbox"/> Deionized water	<input type="checkbox"/> Dental water	

TEST ORDER	
<input type="checkbox"/> 8040 Total Coliforms/ <i>E. coli</i> -Bacterial Presence/Absence-Drinking Water Quality (SM 9223 B Colilert)	
<input type="checkbox"/> 8350 Total Coliforms/ <i>E. coli</i> , undiluted, Most Probable Number (MPN) (SM 9223 B Colilert QuantiTray)	
<input type="checkbox"/> 8025 Total Coliforms/ <i>E. coli</i> , diluted, MPN (SM 9223 B-2016 Colilert QuantiTray)	<input type="checkbox"/> 8045 Heterotrophic Plate Count-HPC (SM 9215 B)
<input type="checkbox"/> 8010 Enterococci, diluted, MPN (SM 9230 D-2013 Enterolert QuantiTray)	<input type="checkbox"/> Other (specify):

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

Initial sample QA check: Container within expiration ☐ Container type acceptable for test request ☐ Volume check passed ☐