



# San Diego County Public Health Laboratory

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LIVE WELL  
SAN DIEGO

## Ambient Water Bacteriology Test Requisition Form

(\*) DENOTES REQUIRED INFORMATION

CLIENT INFORMATION		TEST REQUESTED (CHECK ALL THAT APPLY)	
* CLIENT NAME:		<input type="checkbox"/> ddPCR for Enterococci: MCB-ddPCR SOP 018-000	
* PHONE NUMBER:		<input type="checkbox"/> Membrane Filtration for Total Coliforms: SM 9222 B-2015	
* ADDRESS:		<input type="checkbox"/> Undiluted (50mL) <input type="checkbox"/> 0.1 (5mL) <input type="checkbox"/> 0.01 (0.5 mL)	
* SAMPLE INFORMATION		<input type="checkbox"/> Membrane Filtration for Fecal Coliforms: SM 9222 D-2015	
* SAMPLE SOURCE <input type="checkbox"/> SEA WATER <input type="checkbox"/> SURFACE WATER		<input type="checkbox"/> Undiluted (50mL) <input type="checkbox"/> 0.1 (5mL) <input type="checkbox"/> 0.01 (0.5 mL)	
* COLLECTION DATE:	* COLLECTED BY:	<input type="checkbox"/> 0.001 (0.05 mL) <input type="checkbox"/> 0.0001 (0.005 mL) <input type="checkbox"/> 0.00001 (0.0005 mL)	
* PRESERVATION:	* BOTTLE LOT #:	<input type="checkbox"/> Membrane Filtration for Enterococci: EPA 1600	
ICE OTHER		<input type="checkbox"/> Undiluted (50mL) <input type="checkbox"/> 0.1 (5mL) <input type="checkbox"/> 0.01 (0.5 mL)	
		<input type="checkbox"/> Enzyme Substrate for Enterococci-Quantitative: SM 9230 D-2013 Enterolert	
		<input type="checkbox"/> Undiluted <input type="checkbox"/> 0.1 <input type="checkbox"/> 0.01 <input type="checkbox"/> 0.001	
		<input type="checkbox"/> Enzyme Substrate Quantitative for E.coli: SM 9223 B-2016 Colilert 18	
		Undiluted <input type="checkbox"/> 0.1 <input type="checkbox"/> 0.01 <input type="checkbox"/> 0.001	
		LAB USE ONLY	
THIS SPACE IS RESERVED FOR PUBLIC HEALTH LAB USE ONLY	* LOCATION NAME:	TRANSIT TIME: <input type="checkbox"/> ≤ 1 hrs <input type="checkbox"/> 1-6 hrs <input type="checkbox"/> ≥ 6 hrs	
	* LOCATION ID:	TEMP ON ARRIVAL: TEMP ACCEPTABLE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	* COLLECTION TIME:	SAMPLE CONDITION: <input type="checkbox"/> OVERFILLED <input type="checkbox"/> UNDERFILLED <input type="checkbox"/> LEAKING	
	DISTANCE:	<input type="checkbox"/> DISCOLORED <input type="checkbox"/> RESIDUE <input type="checkbox"/> SEDIMENT <input type="checkbox"/> OTHER	
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	* COLLECTION TIME:	SAMPLE CONDITION: <input type="checkbox"/> OVERFILLED <input type="checkbox"/> UNDERFILLED <input type="checkbox"/> LEAKING	
	DISTANCE:	<input type="checkbox"/> DISCOLORED <input type="checkbox"/> RESIDUE <input type="checkbox"/> SEDIMENT <input type="checkbox"/> OTHER	
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	DISTANCE:	<input type="checkbox"/> DISCOLORED <input type="checkbox"/> RESIDUE <input type="checkbox"/> SEDIMENT <input type="checkbox"/> OTHER	
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	DISTANCE:	<input type="checkbox"/> DISCOLORED <input type="checkbox"/> RESIDUE <input type="checkbox"/> SEDIMENT <input type="checkbox"/> OTHER	
COMMENTS:		IR THERMOMETER	
		INV ID:	
* RELINQUISHED BY:		* SIGNATURE:	
* RECEIVED BY:		* SIGNATURE:	
* DATE/ TIME:			