



# San Diego County Public Health Laboratory

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ELAP# 1730

## Drinking Water Test Requisition Form

(\*)DENOTES REQUIRED INFORMATION

CLIENT INFORMATION			
* CLIENT NAME:		* ADDRESS:	
* PHONE NUMBER:		* FAX NUMBER:	
* PERSON TO NOTIFY OF RESULTS:		* EMAIL ADDRESS:	
* SAMPLE INFORMATION		* TEST REQUESTED (CHECK ALL THAT APPLY)	
* SAMPLE SOURCE: <input type="checkbox"/> DRINKING WATER		<input type="checkbox"/> Enzyme Substrate Qualitative for Total Coliforms and E. coli- SM 9223 B Colilert	
* COLLECTION DATE:	* COLLECTED BY:		
PRESERVATION:			
LAB USE ONLY			
THIS SPACE IS RESERVED FOR PUBLIC HEALTH LAB USE ONLY	* LOCATION NAME:	SAMPLE CONDITION: <input type="checkbox"/> OVERFILLED <input type="checkbox"/> UNDERFILLED <input type="checkbox"/> LEAKING <input type="checkbox"/> DISCOLORED <input type="checkbox"/> RESIDUE <input type="checkbox"/> SEDIMENT <input type="checkbox"/> OTHER	
	* LOCATION ID:	TEMPERATURE (<8°C) TRANSIT TIME: <input type="checkbox"/> ≤ 1 hrs <input type="checkbox"/> 1- 29 hrs <input type="checkbox"/> > 29 hrs	
	* COLLECTION TIME:	TEMP ON ARRIVAL:	BOTTLE #/ LOT #:
	* CHLORINE RESIDUAL (mg/L):	SAMPLE ACCEPTABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSAT FORM COMPLETED	
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COMMENTS:	SAMPLE RECEIVED		IR THERMOMETER
	<input type="checkbox"/> ON ICE <input type="checkbox"/> ROOM TEMP <input type="checkbox"/> FROZEN		<input type="checkbox"/> #230315319 <input type="checkbox"/> #230315310
* RELINQUISHED BY:			* DATE/ TIME:
SIGNATURE			
RECEIVED BY:			DATE/ TIME:
SIGNATURE			