



**COUNTY OF SAN LUIS OBISPO  
PUBLIC HEALTH LABORATORY**

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

THIS SPACE RESERVED FOR PUBLIC HEALTH LAB USE

SAMPLE COLLECTION		
Sample ID # <i>(you make this up, must also be on 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	<input type="checkbox"/> Routine <input type="checkbox"/> Survey <input type="checkbox"/> Replacement <input type="checkbox"/> Retest <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"/> Pool/Spa 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 Thermotolerant (Fecal) Coliforms MPN-A1	(SM 9221E A1 MTF) <input type="checkbox"/> 8045 Heterotrophic Plate Count-HPC (SM 9215B)
<input type="checkbox"/> 8069 Salinity	(Refractometry) <input type="checkbox"/> 9300 Surface Sanitation Culture
<input type="checkbox"/> 8025 Total Coliforms/ <i>E. coli</i> , diluted, MPN	(SM 9223 Idexx Colilert QuantiTray) <input type="checkbox"/> Other <i>(specify):</i>
<input type="checkbox"/> 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