

Sonoma County Public Health Laboratory
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Form Water Lab 14: Multiple Water Samples Submission Form

Submitting organization:	Delivered by (print name & initial):	Refrigerant used to transport samples: <input type="checkbox"/> ice pack <input type="checkbox"/> wet ice <input type="checkbox"/> none	Date & time of receipt at lab:		<input type="checkbox"/> Copy to CA Drinking Water Operations <input type="checkbox"/> Copy to Sonoma Co. Env. Health Dept.
Contact phone:	Name of Sample Collector:		Received by		
Contact email:					

Lab Number (Lab Use Only)	Lab Number (Lab Use Only)	Location (where sample collected)	Date/ Time Collected	Test Requested	Dilution	Sample Temp at Lab °C
				<input type="checkbox"/> Colilert P/A <input type="checkbox"/> Colilert QT <input type="checkbox"/> Enterolert	<input type="checkbox"/> 1:10 <input type="checkbox"/> 1:100 <input type="checkbox"/> 1:1000	
				<input type="checkbox"/> Colilert P/A <input type="checkbox"/> Colilert QT <input type="checkbox"/> Enterolert	<input type="checkbox"/> 1:10 <input type="checkbox"/> 1:100 <input type="checkbox"/> 1:1000	
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				<input type="checkbox"/> Colilert P/A <input type="checkbox"/> Colilert QT <input type="checkbox"/> Enterolert	<input type="checkbox"/> 1:10 <input type="checkbox"/> 1:100 <input type="checkbox"/> 1:1000	

Double-sided

Lab Number (Lab Use Only)	Lab Number (Lab Use Only)	Location (where sample collected)	Date/ Time Collected	Test Requested	Dilution	Sample Temp at lab °C
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