E/S/R
Science for Communities
He Pūtaiao, He Tāngata

ESR0446
vers 5.1 OCT 2022

ACCREDITED IANZ TESTING LABORATORY

LABORATORY SERVICES REQUEST FORM
LEGIONELLA SAMPLE REQUEST

(Test request for the analysis of environmental samples for Legionella)

INSTRUCTIONS FOR USING FILLABLE FORMS:
In Acrobat Reader, please complete this form, then 'SAVE AS PDF' to your hard drive. Email to KSC.Legionella@esr.cri.nz
Print out your form and send to ESR with your specimen.

CLIENT INFORMATION

Name of sampling officer:

Client order no: Case's EpiSurv no:

Date sent: Time sent:

TYPES OF SAMPLES *Please DO NOT chill samples* *Please tick appropriate box(es)*

- ☐ Drinking water
- ☐ Cooling tower water
- ☐ Non potable water
- ☐ Pipe work swab
- ☐ Swimming/Spa pool
- ☐ Surface swab
- ☐ Potting mix (note brand):
- ☐ Compost (note brand):
- ☐ Other (specify):

REASON FOR TESTING *Please tick appropriate box(es)*

- ☐ Routine monitoring
- ☐ Outbreak investigation
- ☐ Repeat testing
- ☐ Source tracing
- ☐ Clearance testing
- ☐ Other (specify):

TESTS REQUIRED *Please tick appropriate box(es)*

- ☐ Legionella isolation
- ☐ Legionella identification
- ☐ Other (specify):

NAME AND ADDRESS FOR REPORTING

Name:

Address:

Contact:

Phone:

Email:

ESR USE ONLY

Date received: Time received:

Condition of sample on receipt:

Other:

ESR Lab No.	Client Ref No.	Date and time sampled	Sample Site	Water Sample Information					
				Volume	Source*	Type*	Treatment*	FAC	Temp °C

***KEY** *choose from options below*

SOURCE OF SUPPLY
1 Unknown
2 Well/Bore
3 River or Stream
4 Reservoir
5 Water Race, Canal
6 Roof run-off
7 Spring
8 Geothermal

TYPE OF SUPPLY
11 Unknown
12 Spring Head
13 Well Head
14 Building Reticulation
15 Ornamental Water Feature
16 Bulk Storage Tank
17 Header tank

TREATMENT TYPE
21 Unknown
22 Chlorine biocide
23 Bromine biocide
24 Ultra Violet
25 Silver-Copper Ionisation
26 Filtration
27 Heat
UT Untreated

RESET FORM

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