

LABORATORY SERVICES REQUEST FORM
COVID-19 WASTEWATER TESTING COLLECTION FORM

SAMPLE INFORMATION

COLLECTION SITE (please specify name of town/city):

SAMPLE TYPE (please TICK): Composite Grab Other (specify)

Leave this row blank for grab samples.

Date sampling started: _____ Time: _____

Date sampling finished: _____ Time: _____

Samples should reach the laboratory within 24 hours of collection.

Date sent to ESR:

Sampler's name:

Provide value in numbers

Flow rate: Units: m³/day m³/second l/second Other (specify)

INSTRUCTIONS

Fill out one form per sample.

- Do not send samples on a Friday.
- Place sample inside ziplock bag and seal the bag.
- Samples should be kept cold until sending, and be sent on pre-frozen cold packs.
- Please fix enclosed courier label to outside of chilly bin, and flip laminated address card to ESR side.

Please email: wastewater@esr.cri.nz with flow data (if not provided above), any updated contact details (e.g. due to personnel changes), or any other issues.

Thank you for collecting this sample.

NOTES

SPECIMEN STORAGE / TRANSPORT HISTORY

Please indicate sample storage and transport conditions to comply with IANZ standards.

Stored: Ambient Chilled Time for ___ hours **or** ___ days
Transported:

ESR USE ONLY

Received: Ambient Chilled A R

Received by: _____
Initials: _____
Date: _____ Time: _____

RESET FORM