



**Ventura County Public Health Laboratory**  
 2240 E. Gonzales, Suite #160  
 Oxnard, CA 93036  
 Phone 805-981-5131/ Fax 805-981-5130  
 ELAP #1910

THIS SPACE IS RESERVED FOR LAB USE

**TEST REQUISITION FORM- WATER QUALITY ASSESSMENT**

Client Information	
Company Name <small>Click here to enter text.</small>	
Street Address <small>Click here to enter text.</small>	
City/State/Zip <small>Click here to enter text.</small>	
Person to Notify <small>Click here to enter text.</small>	
Phone# <small>Click here to enter text.</small>	Fax# <small>Click here to enter text.</small>
Sample Information	
Sample Name/Location <small>Click here to enter text.</small>	Date of Collection <small>Click here to enter a date.</small>
	Time of Collection <small>Click here to enter text.</small>
Water Source	<input type="checkbox"/> Drinking Water <input type="checkbox"/> Wastewater <input type="checkbox"/> Source/Ocean Water
Testing Requested	<input type="checkbox"/> Presence/Absence <input type="checkbox"/> Multiple Tube Fermentation (10 tube) <input type="checkbox"/> Heterotrophic Plate Count <input type="checkbox"/> Multiple Tube Fermentation (circle one: 20 or 25 tube) <input type="checkbox"/> Quantitray 18 hour <input type="checkbox"/> Quantitray 24 hour <input type="checkbox"/> Quantitray Enterococcus
For Lab Use Only	
Date Received	
Time Received	
Temperature upon arrival	
Received By	
Condition of Sample <input type="checkbox"/> Good <input type="checkbox"/> Leaking <input type="checkbox"/> Cracked <input type="checkbox"/> Discolored <input type="checkbox"/> Sediment <input type="checkbox"/> Residue <input type="checkbox"/> Overfill <input type="checkbox"/> Other: please describe _____	
Calculated Transit Time	<input type="checkbox"/> <6 hours <input type="checkbox"/> <24 hours <input type="checkbox"/> >24 hours
Sample Acceptable	<input type="checkbox"/> Yes <input type="checkbox"/> No