



# Faecal Source Identification Request Form

Incorporating Microbial, Chemical and Molecular Biology Assays

Christchurch Science Centre, 27 Creyke Road, Ilam, Christchurch : Ph:(03) 3516019

<b>Name of Sampling Officer</b>	<b>Contact Person: (for queries)</b>
	<b>Name:</b>
	<b>Phone:</b>
	<b>Email:</b>

<b>Sample Receipt (lab use)</b> Date & time received: Sample chilled: Yes/No General comments:	<b>Name and Address for Report</b>
Commercial/Envirolink/Other	FAX NO:                      PHONE:

TYPE OF SAMPLE (Please tick appropriate box)		
Drinking Water <input type="checkbox"/>	River Water <input type="checkbox"/>	Sludge <input type="checkbox"/>
Non Potable Water <input type="checkbox"/>	Faecal <input type="checkbox"/>	Other <input type="checkbox"/>
Effluent <input type="checkbox"/>	Shellfish <input type="checkbox"/>	<input type="checkbox"/>

TESTS REQUIRED*: (Please tick relevant tests)				
Total Coliforms/ <i>E. coli</i> : (Indicate expected range)	Colilert MPN <input type="checkbox"/>	Expected range <1 to >2,400 <input type="checkbox"/>	Expected range <10 to >24,000 <input type="checkbox"/>	Expected range <100 to >240,000 <input type="checkbox"/>
Enterococci: (Indicate expected range)	Enterolert MPN <input type="checkbox"/>	Expected range <1 to >2,400 <input type="checkbox"/>	Expected range <10 to >24,000 <input type="checkbox"/>	Expected range <100 to >240,000 <input type="checkbox"/>
Chemical Analysis	FWA <input type="checkbox"/>	Sterols <input type="checkbox"/>	SSS <input type="checkbox"/>	Then hold sample <input type="checkbox"/>
PCR analysis	Human markers <input type="checkbox"/>	Non- Human markers <input type="checkbox"/>	Specify Potential Sources	
Other(s) ( please specify) <input type="checkbox"/>				

\* For Sterol analysis a minimum of 2-4L is required, for all other tests a cumulative 500ml minimum is sufficient. Samples should be chilled, and sent to us for testing in a chilly bin containing cold packs.

TESTS PROCEDURE: (Please tick relevant option)	
Option 1 <input type="checkbox"/>	Perform all requested tests
Option 2 <input type="checkbox"/>	Only process samples for Faecal source ID with <i>E.coli</i> /Enterococci counts at > _____ (please specify)
Option 3 <input type="checkbox"/>	Please store or pre-process samples until advised by _____ (please specify)
Option 4 <input type="checkbox"/>	Other Instructions as communicated to/by (please specify)

<b>ADDITIONAL INSTRUCTIONS: (Please write sample details on reverse)</b>

For clarification on sampling requirements, assays or other issues please contact  
Dr Brent Gilpin, Phone: 3516019, Email: [brent.gilpin@esr.cri.nz](mailto:brent.gilpin@esr.cri.nz)

