



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

**SEA WATER
MICROBIOLOGICAL EXAMINATION
(NOT TO BE USED FOR OTHER TYPES OF WATER)**

Public Health Laboratory
Health Services Executive
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SPECIMEN REQUEST (500 - 1000ml.required for routine analysis)

PHL Lab No.

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS ONLY

Outbreak/PHL Code:	Sample Details:	Tests Requested:
<p>Senders Information</p> <p>Authority: SWA <input type="checkbox"/> NA <input type="checkbox"/></p> <p>ECA <input type="checkbox"/> NE <input type="checkbox"/></p> <p>Other: _____</p> <p>Taken By: _____</p> <p>EHO Sample Ref. No: _____</p> <p>PEHO/Report To: _____</p> <p>Address: _____</p> <p>_____</p> <p>EHO: Tel: _____</p> <p>EHO: Fax: _____</p> <p>EHO Email: _____</p> <p>c.c. Report to: _____</p> <p>c.c. Report to: _____</p>	<p>Seawater Location: _____</p> <p>_____</p> <p>_____</p> <p>Seawater Sample Point: _____</p> <p>_____</p> <p>Reason for Testing:</p> <p><input type="checkbox"/> Routine</p> <p><input type="checkbox"/> Repeat</p> <p><input type="checkbox"/> EU</p> <p>Other: _____</p> <p>Date & Time of Sampling:</p> <p>___/___/___ am/pm _____</p>	<p>Routine:</p> <p>Coliform Bacteria <input type="checkbox"/></p> <p>E. coli <input type="checkbox"/></p> <p>EU: (2 litres required)</p> <p>Coliform bacteria <input type="checkbox"/></p> <p>E. coli <input type="checkbox"/></p> <p>Enterococci <input type="checkbox"/></p> <p>Salmonella <input type="checkbox"/></p>

Further information:

SPECIMEN RECEIPT IN LABORATORY

<p>Delivered by: _____</p> <p><input type="checkbox"/> EHO <input type="checkbox"/> Courier Other: _____</p> <p>Colour: Colourless <input type="checkbox"/> Other: _____</p> <p>Turbidity: Clear <input type="checkbox"/></p> <p> Cloudy <input type="checkbox"/></p> <p>Temperature on receipt: _____ °C</p>	<p>Sample Container: Yes No</p> <p>Sterile: <input type="checkbox"/> <input type="checkbox"/></p> <p>Clean intact: <input type="checkbox"/> <input type="checkbox"/></p> <p>Damaged: <input type="checkbox"/> <input type="checkbox"/></p> <p>Leaking: <input type="checkbox"/> <input type="checkbox"/></p> <p>In cool box/bag: <input type="checkbox"/> <input type="checkbox"/></p> <p>Other: _____</p> <p>Received in Lab by: _____</p> <p>Date ___/___/___ Time: ___ am/pm</p>
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