



# CYANOTOXIN SURFACE WATER TESTING AT INTAKE

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**PLEASE PRINT CLEARLY**

Accession Label <i>LAB USE ONLY</i>
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<b>Horizon Profile #1162</b>
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<b>TEST REQUESTED</b> <input type="checkbox"/> Microcystin <input type="checkbox"/> Cylindrospermopsin
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Please fill out contact information if you do not wish to remain anonymous. Fill in available information for the three samples taken

Name of Utility or Property Owner	Name and Phone Number of Collector
Street Address of Sample Collected	Town, State and Zip Code of Sample Collected:

\*Please use a unique ID code i.e. numbers, letters, or a combination or both that will be available only to you

Date Collected ____ / ____ / ____ (MM/ DD/YYYY) Time Collected _____ Hrs (Military Time) Depth Sample was taken	* Sample ID Code		
	Location of Sample in Source Water (near the intake, shore, etc.)		
	Temperature of Water (if available)	pH of Water (if available)	<input type="checkbox"/> Chlorinated <input type="checkbox"/> Unchlorinated

Date Collected ____ / ____ / ____ (MM/ DD/YYYY) Time Collected _____ Hrs (Military Time) Depth Sample was taken	* Sample ID Code		
	Location of Sample in Source Water (near the intake, shore, etc.)		
	Temperature of Water (if available)	pH of Water (if available)	<input type="checkbox"/> Chlorinated <input type="checkbox"/> Unchlorinated

Date Collected ____ / ____ / ____ (MM/ DD/YYYY) Time Collected _____ Hrs (Military Time) Depth Sample was taken	* Sample ID Code		
	Location of Sample in Source Water (near the intake, shore, etc.)		
	Temperature of Water (if available)	pH of Water (if available)	<input type="checkbox"/> Chlorinated <input type="checkbox"/> Unchlorinated

Additional Information (Complaints, Comments, etc.)
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**For lab use only:** ANALYZED DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ BY: \_\_\_\_\_ (initials)