



MARINE SURFACE WATER SUBMISSION FORM

Environmental Microbiology
Connecticut Department of Public Health
Katherine A. Kelley State Public Health Laboratory
395 West St. Rocky Hill, CT 06067
PH (860) 920-6699 FAX (860) 920-6703

For Lab Use Only:
Called significant results: _____
(Initials)
Contact name: _____
Voice mail: Yes No (circle one)
Date/Time: _____

PROFILE NO./NAME AND ADDRESS:			COLLECTED BY: _____
			TOWN: _____
			DATE COLLECTED: _____
			CONTACT INFORMATION: _____
Sample Type: (Circle One)	REGULAR	RESAMPLE	PHONE # (____) _____

MARINE SURFACE WATER
Test A-Code: ENT-SW
Enterolert/Enterococci

Date and Time Received

For Lab Use Only: Accession # Test:	Time Collected: _____ Collector's No. _____ Location: _____ Additional Info: _____	For Lab Use Only: LW____SW____Initials____ POSITIVE WELLS: Enterococci Count/100ml:
Accession # Test:	Time Collected: _____ Collector's No. _____ Location: _____ Additional Info: _____	LW____SW____Initials____ POSITIVE WELLS: Enterococci Count/100ml:
Accession # Test:	Time Collected: _____ Collector's No. _____ Location: _____ Additional Info: _____	LW____SW____Initials____ POSITIVE WELLS: Enterococci Count/100ml:
Accession # Test:	Time Collected: _____ Collector's No. _____ Location: _____ Additional Info: _____	LW____SW____Initials____ POSITIVE WELLS: Enterococci Count/100ml:
Accession # Test:	Time Collected: _____ Collector's No. _____ Location: _____ Additional Info: _____	LW____SW____Initials____ POSITIVE WELLS: Enterococci Count/100ml:

For Lab Use Only: DATE AND TIME ANALYZED:
ANALYZED BY:
METHOD (Circle test performed): **ENTEROLERT**