PROFILE/ACCOUNT INFORMATIO	DN:
COLLECTION INFORM	IATION
Town:	
Collector:	
Date:	
Sample of : SEAWATER	FC-MTEC
*Please submit temperature co	ntrol
All samples must be iced after	collection

*G = Growth, NG = No Growth

SHELLFISH SEAWATER 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: ____

Receiving Information						
Date Received: / /	Time:					
Temp Control (TC) (≤10°C): TC Size:	°C mL					
Received by:						
Controls Positive: E. coli Negative: KP Start: Sterility End: Sterility	<u>Results (G, NG)</u>					

Testing information: DATE SETUP					
Time Samples in 35°C	Initials				
Time Samples in 44.5°C	Initials				
L: Low Dilution (100ml)	Range: <1 - >80				
H: High Dilution (50ml)	Range: <2 - >160 Range: <10 - >800				
X Dil: Extra Dilution (10ml)	Range: <10 - >800				

	Time Station No. And		Rainfall		T'] .	Dilution	Lab Use Only		Analyzed by	Final Results
	Collected	Additional Information	Inches	Within	Tide	L, H, X DIL	Blank	Split	Initials/Date &Time	FC/100ml