



MARINE BATHING 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: Sample Type: REGULAR RESAMPLE (Circle One)	COLLECTED BY: _____ TOWN: _____ DATE COLLECTED: _____ CONTACT INFORMATION: _____ PHONE # (____) _____
---	--

MARINE BATHING WATER

Date and Time Received

Test A-Code: ENT-BW

Enterolert/Enterococci

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

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