



Individual Cyanotoxin Surface Water Testing

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**PLEASE PRINT CLEARLY
COMPLETE ONE FORM FOR EACH SAMPLE**

<p>Accession Label <i>LAB USE ONLY</i></p>
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<p>Horizon Profile #1162</p>

<p>TEST REQUESTED</p> <p><input type="checkbox"/> Microcystin</p> <p><input type="checkbox"/> Cylindrospermopsin</p>

Please fill out this form if you wish to submit additional samples from other locations in the surface drinking water source. Contact information must be provided.

TO BE COMPLETED BY COLLECTOR *REQUIRED FIELDS		
<p>* Date Collected</p> <p>_____ / _____ / _____ (MM/ DD/YYYY)</p>	<p>* Time Collected</p> <p>_____ Hrs (Military Time)</p>	
<p>* Name of Utility or Property Owner</p>	<p>* Collector's Sample Number</p>	
<p>* Street Address of Sample Collected</p>	<p>* Name of Collector:</p>	
<p>* Town, State and Zip Code of Sample Collected:</p>	<p>* Collector's Phone Number</p> <p>_____ (Please use 10-digit number)</p>	
<p><input type="checkbox"/> Chlorinated</p> <p><input type="checkbox"/> Unchlorinated</p>	<p>Location of Sample in Source Water (near the intake, shore, etc.)</p>	
<p>Depth Sample was taken</p>	<p>Temperature of Water (if available)</p>	<p>pH of Water (if available)</p>
<p>Additional Information (Complaints, Requests, Treatments, Etc.)</p>		

For lab use only ANALYZED DATE: _____ TIME: _____ BY: _____ (initials)