



**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: \_\_\_\_\_

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

**MARINE SURFACE WATER**

Date/Time Received \_\_\_\_\_

Test A-Code: ENT-SW

Enterolert/Enterococci

For Lab Use Only:  Accession #  Test:	<b>Time Collected:</b> _____ <b>Collector's No.</b> _____ <b>Location:</b> _____ <b>Additional Info:</b> _____	For Lab Use Only:  LW _____ SW _____ <b># POSITIVE WELLS</b>  Enterococci MPN/100ml:
Accession #  Test:	<b>Time Collected:</b> _____ <b>Collector's No.</b> _____ <b>Location:</b> _____ <b>Additional Info:</b> _____	LW _____ SW _____ <b># POSITIVE WELLS</b>  Enterococci MPN/100ml:
Accession #  Test:	<b>Time Collected:</b> _____ <b>Collector's No.</b> _____ <b>Location:</b> _____ <b>Additional Info:</b> _____	LW _____ SW _____ <b># POSITIVE WELLS</b>  Enterococci MPN/100ml:
Accession #  Test:	<b>Time Collected:</b> _____ <b>Collector's No.</b> _____ <b>Location:</b> _____ <b>Additional Info:</b> _____	LW _____ SW _____ <b># POSITIVE WELLS</b>  Enterococci MPN/100ml:
Accession #  Test:	<b>Time Collected:</b> _____ <b>Collector's No.</b> _____ <b>Location:</b> _____ <b>Additional Info:</b> _____	LW _____ SW _____ <b># POSITIVE WELLS</b>  Enterococci MPN/100ml:

For Lab Use Only:

Results Recorded

Date/Time/Initials: \_\_\_\_\_

Date/Time/Initials Analyzed: \_\_\_\_\_

Method (Select test performed):     **ENTEROLERT**