



## Total Coliform Bacteria Chain-of-Custody

**Payment is expected upon receipt of samples**  
*Total Coliform Bacteria and E. coli analysis by SM 9223B is \$20.00 per sample.*  
*\*See Notes below and on the back of this form for additional information*

Account Information
Company/Name:
Contact:
Phone:
Mailing Address:
City, State, Zip:
Email:
How would you like to receive the report: <input type="checkbox"/> Hard Copy <input type="checkbox"/> Email

Report Address <i>(leave blank if same as Account Information)</i>
Company/Name:
Contact:
Phone:
Mailing Address:
City, State, Zip:
Email:
How would you like to receive the report: <input type="checkbox"/> Hard Copy <input type="checkbox"/> Email

**Sample Information**

Physical Address of Property: \_\_\_\_\_

Sample Site Description		Sample Date	Sample Time	ELI Lab ID <i>Laboratory Use Only</i>
Source <i>(Well, cistern, etc.)</i>	Site <i>(Kitchen sink, direct, etc.)</i>			

**NOTES**

The lab must receive the sample within 30 hours of sampling (Business Hours: Monday through Friday, 8am – 5pm). Contact your laboratory for possible weekend rates if delivering your sample on a Friday.  
 The Laboratory will be closed on all major holidays and will not accept bacteria samples one day before any major holiday.

**Sampler Information**

I hereby acknowledge that this sample was collected at the above location, date and time.

**Sampler Name (Printed):** \_\_\_\_\_ **Company (if applicable):** \_\_\_\_\_

**Sampler Signature:** \_\_\_\_\_

<b>Custody Record MUST be Signed</b>	Relinquished by Signature: _____	Date/Time: _____	Received by Laboratory Signature: _____	Date/Time: _____
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LABORATORY USE ONLY				
Shipped by: _____	Custody Seals: Y N C B Intact: Y N	Receipt Temp: _____ °C	Temp Blank: Y N	On Ice: Y N
Payment Type <i>(circle one)</i> CC    CASH    CHK _____		Amount: \$ _____	Receipt Number: _____ <i>(Applicable to Cash &amp; Check Payments)</i>	

## **How to Collect a Sample for Bacteriological Analysis From a Potable Supply**

1. Do not open the sample bottle until ready to fill
2. Select a sample tap from which to take the sample. Always sample from the cold water tap. If at all possible, select a faucet that is:
  - a. Not leaking
  - b. Non-swivel, no-mixing facet
  - c. Do not sample from drinking fountains and outside hydrants
  - d. Avoid sample points located after water softeners, carbon filters or cistern serving single homes, as these may harbor bacteria.
3. Remove any faucet attachments (aeration screens, hoses, etc.).
4. Remove screen from inside the faucet and **disinfect** mouth of faucet with rubbing alcohol or bleach.
5. Open the tap fully. Let water run to waste for 2 minutes (sufficient time to allow flushing of the service line).
6. Reduce the flow (to about the diameter of a pencil). NOTE: If the water dribbles to the faucet edge and contacts the metal before entering the bottle the sample may be contaminated. If this occurs, readjust the flow or locate a different sampling tap.
7. Collect the sample. Open the container. The bottle contains sodium thiosulfate in a powder or pill form which is to neutralize any chlorine in the water. Do not remove the powder or pill from the container. Do not rinse the bottle before filling. Fill the container up to the **line** on the side of the bottle. Replace the cap on the container. Be sure to complete the information on the sample bottle label and on the opposite side of this form.
8. Transport the water sample to the lab using the shortest transit time possible. Try to maintain sample at normal water temperature.
  - a. Procedure requires that analysis for coliform bacteria begins within 30 hours of collection.
  - b. Samples must be submitted to the laboratory before 4:30 pm. Samples received in the laboratory after 4:30 pm will not be analyzed until the next business day.
9. Total Coliform Bacteria and E. coli analysis by SM 9223B is \$20.00. Since the laboratory will be closed on all major holidays, samples will not be accepted one day before any major holiday unless prior arrangements have been made. Any bacteria accepted with pre-approval from lab personnel during a holiday are subject to additional fees.
10. All results are confidential. Results will be sent to the responsible party listed on the paperwork. We cannot release results to any other party without written authorization from the responsible party. All requests for faxes and/or extra copies must be requested at the time the sample is delivered to the laboratory.
11. **All positive total coliform samples are also tested for E. coli. If the sample is found to be positive for E. coli, the microbiological report will indicate its presence.**