



Water Microbiological Quality Testing Submission Form



Farm Details	Vet Details
Surname:	Vet:
Farm:	Practice:
Address:	Address:
Postcode:	Postcode:
Tel:	Tel:
Fax:	Fax:
email:	email:

Instructions

Collect a representative sample into the sterile container supplied, ensuring contamination does not occur (ie ensure tap/hose ends are clean and disinfected, if sampling from a tank use a sterile collection device). Immediately refrigerate and transport to the laboratory in a timely manner. If in doubt please contact the lab for further guidance.

History and background information (If necessary continue overleaf)

Please give as many details as possible as this aids interpretation

Sample Details

* At least 500ml of water required for testing

Sample Number	Sample ID	Date	Sample Description / Location	Water Direct Plating <small>'Screen' of bacterial quality only</small>	Water Test for Farm Assurance* <small>Microbiological testing in line with potable water regulations</small>	Full Water Test* <small>Full investigation of water quality issues</small>
1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signed: _____

Date: _____

Please tick this box to authorise release of these results to your vet

LAB USE ONLY

Temperature on Arrival: _____

Submission Number: _____

Date of Receipt: _____

Date Reported: _____

Initials: _____