

SHELLFISH WATER SAMPLES SUBMISSION FORM

City of Stamford Health Department Laboratory

SAMPLES ARE ACCEPTED ON THE DAY OF COLLECTION BEFORE 1:30 PM ONLY!

Date Collected: _____ Collected by: _____ (signature)

Lab entry only!

Received by _____ at _____ Sample temperature on receipt: _____ °C Date/Time incubated: _____ by: _____

Date/Time Transferred: _____ by: _____ Date/Time Read: _____ by: _____

Loc. #	file #	Time collected	Water temp. °F	Wind		Membrane Filter			MPN
				Dir.	Speed (K)	m-TEC	m-Endo	m-EI	A-1 w/gas
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									

Positive control: _____ Negative control: _____ B_i: _____ B_m: _____ B_f: _____