REQUEST FOR URGENT ANALYSIS OF WATER SAMPLES

Procedure
1. Ring the appropriate FASS Laboratory Manager to discuss sample receipt and reporting arrangements outside of business hours. If unanswered, ring the Branch Director, Forensic Chemistry and Public Health, FASS.
2. Fill out this request form (2 pages).
3. Obtain authorisation for this request from the Public Health Unit Director or Delegate. (The delegate may be an Acting Director, Public Health Unit Environmental Health Officer or a Public Health Officer appointed under Section 121 of the Public Health Act 2010, Chief Health Officer, Director Health Protection, Director Environmental Health or an officer of the Water Unit).
4. Fax the form to the appropriate FASS Laboratory.
5. Submit a hard copy of this form with the samples, including details of sampling dates and times.

FASS Contact Details

<table>
<thead>
<tr>
<th>Contact</th>
<th>Telephone</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water Microbiology Laboratory</td>
<td>02 9646 0422</td>
<td>02 9649 6413</td>
</tr>
<tr>
<td>Water Chemistry Laboratories (Trace Inorganics or Clinical and Environmental Toxicology)</td>
<td>02 9646 0436</td>
<td>02 9646 0455</td>
</tr>
<tr>
<td>Branch Director, Forensic Chemistry and Public Health</td>
<td>02 9646 0418</td>
<td>0407 640 136</td>
</tr>
</tbody>
</table>

Information Required

Submitted By: [ ]

Authorised By: PHU: [ ]

Analysis Type: Microbiological [ ] Chemical [ ] Pesticides [ ] Other: [ ]

Reason for Submission:
- E. coli detected in previous sample [ ]
- Boil water alert [ ]
- Treatment process alert [ ]
- Chemical Health guideline value exceeded [ ]
- Suspected water-associated illness [ ]
- Water quality incident investigation [ ]
- Suspected contamination [ ]
- Other: [ ]

Specific Tests Requested:

Timeframe for Sampling:

Courier Company: Date and estimated time of arrival:

Contact Details for Results

PHU: [ ]

Water Utility: [ ]

Contact’s Name: [ ]

Contact’s Name: [ ]

Phone: [ ]

Phone: [ ]

Fax: [ ]

Fax: [ ]

Email: [ ]

Email: [ ]
### Details of Urgent Samples

<table>
<thead>
<tr>
<th>Sample Number</th>
<th>Barcode (if applicable)</th>
<th>Water Type</th>
<th>Treatment</th>
<th>Date Sampled#</th>
<th>Time Sampled#</th>
<th>Town/Location</th>
<th>Sampling Site</th>
<th>Laboratory Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Drinking □ Other □</td>
<td>Chlorinated □ Filtered □ UV □ Untreated □</td>
<td></td>
<td></td>
<td>am/pm</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2</td>
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<td>Chlorinated □ Filtered □ UV □ Untreated □</td>
<td></td>
<td></td>
<td>am/pm</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3</td>
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<td>Chlorinated □ Filtered □ UV □ Untreated □</td>
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<td></td>
<td>am/pm</td>
<td></td>
<td></td>
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<tr>
<td>4</td>
<td>Drinking □ Other □</td>
<td>Chlorinated □ Filtered □ UV □ Untreated □</td>
<td></td>
<td></td>
<td>am/pm</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5</td>
<td>Drinking □ Other □</td>
<td>Chlorinated □ Filtered □ UV □ Untreated □</td>
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<td>am/pm</td>
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<td></td>
<td></td>
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<tr>
<td>6</td>
<td>Drinking □ Other □</td>
<td>Chlorinated □ Filtered □ UV □ Untreated □</td>
<td></td>
<td></td>
<td>am/pm</td>
<td></td>
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</tr>
</tbody>
</table>

Enter details as the samples are collected. Use a separate form for each date of collection.

**Laboratory Use Only**

Date Received: ……………………… Time received: ……………………… am/pm Condition: ……………………………………………………………………