Sonoma County Public Health Laboratory
3313 Chanate Road, Santa Rosa, CA 95404
phone: (707) 565-4711, fax: (707) 565-7839

Shellfish Growing Waters
Sample Submission Form (Last updated: 7/24/2014)

Legend: * [fecal coliforms per 100 ml]

Submitting organization:	Delivered by (print name & intial):
Contact phone:	Fax:
Contact email:	

Refrigerant used to transport samples:
- ☐ ice pack
- ☐ wet ice
- ☐ none

Date & time of receipt at lab:

Received by (initials):

Date/time:	Initials
setup _____	_____
to H_20 _____	_____
read _____	_____

Lab Number (for lab use only)	Location (where sample collected)	Date collected	Time collected	Name of sample collector	Water temp. (at collection)	Salinity (at collection)	Sample temp. at arrival at lab [C]	Salinity (lab measured)	15 Tube Results			MPN*
									10 ml	1 ml	0.1 ml	
									10 ml	1 ml	0.1 ml	
									10 ml	1 ml	0.1 ml	
									10 ml	1 ml	0.1 ml	
									10 ml	1 ml	0.1 ml	
									10 ml	1 ml	0.1 ml	
									10 ml	1 ml	0.1 ml	
									10 ml	1 ml	0.1 ml	
									10 ml	1 ml	0.1 ml	
									10 ml	1 ml	0.1 ml	
									10 ml	1 ml	0.1 ml	
									10 ml	1 ml	0.1 ml	

Print Form **Clear Fields**