



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

## WATER MICROBIOLOGICAL EXAMINATION (EXCLUDING SEAWATER)

Public Health Laboratory  
Health Services Executive  
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**SPECIMEN REQUEST (500 - 1000ml.required for routine analysis)**

**PHL Lab No.**

**PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS ONLY**

**Outbreak/PHL Code:**

**Sample Type:**

**Tests Requested:**

**SENDERS INFORMATION**

**Sending Laboratory Number:**

- Drinking/Potable
- Mains Supply
- Private Water Supply
- Private well – (Treated Microbiological)
- (Untreated Microbiological)
- River
- Swimming Pool
- Hydrotherapy Pool
- Spa Pool
- Bottled Water (1 litre required)
- Ice
- Reservoir
- Endoscopy – (Pre filter)
- Endoscopy – (Post filter)
- Heater-cooler Unit
- Dialysis water

***100mls required per test***

- Coliform Bacteria
- E. coli*
- Enterococci
- Clostridium perfringens*
- Total Colony Count 22°C/72hrs
- Total Colony Count 36°C/24hrs
- Total Colony Count 36°C/48hrs
- Pseudomonas aeruginosa*
- Total viable count /100ml
- Mycobacterium sp.*

Taken By: \_\_\_\_\_

EHO Sample Ref. No: \_\_\_\_\_

Report To: \_\_\_\_\_

Address: \_\_\_\_\_

EHO: Tel: \_\_\_\_\_

EHO: Fax: \_\_\_\_\_

EHO Email: \_\_\_\_\_

Other (give details):

**Sampling Address:** \_\_\_\_\_

**Sampling Point:** \_\_\_\_\_

**Date & Time of Sampling:**

\_\_\_/\_\_\_/\_\_\_ am/pm

***At least 1 litre required per test***

- Salmonella
- VTEC
- Campylobacter
- Legionella

Additional: \_\_\_\_\_

**Reason for Testing:**

- Routine  Outbreak
- Repeat  EU Check
- Complaint  EU Audit

Other: \_\_\_\_\_

**Further information:**

### SPECIMEN RECEIPT IN LABORATORY

Delivered by: \_\_\_\_\_

EHO  Courier Other: \_\_\_\_\_

Colour: Colourless  Other: \_\_\_\_\_

Turbidity: Clear

Cloudy

Temperature on receipt: \_\_\_\_\_ °C

**Sample Container:** Yes No

Sterile:

Thiosulphate added:

Clean intact:

Damaged:

Leaking:

In cool box/bag:

Other: \_\_\_\_\_

Received in Lab by: \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_ am/pm