

ENVIRONMENTAL
MICROBIOLOGY UNITWATER MICROBIOLOGY
REQUEST

	Water Source (tick)	Water Type (tick all that apply)	Additional information (tick)	Reason for test (tick)
Mains	Mains Piped supply	Chlorinated	Domestic premises	Complaint
Private supplies	Ground Water - Bore	Chlorinated	Food premises	? Potable quality
	Ground Water - Well	Filtered	Endoscope HTM 01-06	ACC
	Spring Water	UV treated	Endoscope HTM 01-06	Pseudomonas aeruginosa
	Unknown source	Untreated	Hospital water system	Pseudomonas aeruginosa
	Other ¹	Other ¹	Meat premises (rising main)	Survey
			Meat premises (other)	Other ¹
Pool water	Hydrotherapy pool	Brominated	Bromine level	mg/l
	Paddling pool	Chlorinated	Chlorine level	mg/l
	Spa pool	Chlorine & Ozone	pH	
	Swimming Pool			
	Other ¹	Other ¹	No. of bathers	Other ¹
Surface water	Ditch			Complaint
	Lake			Routine
	Pond			Follow-up
	River			Survey
	Sea			
	Untreated surface			Other ¹
	Other ¹			
Other water	Bottled water	Carbonated	Producer code	Complaint
	Spring water	Still	Country of origin	Routine
	Mineral at source		Brand name	Follow-up
	Sewage effluent		Date made/code	Survey
	Shellfish tank		Batch/Lot no	Other ¹
	Other ¹		Use by/Best before	

Princess Royal Hospital, Lewes Road, Haywards Heath, RH16 4EX
 Tel 01444 441881; direct line 01444448728
 UHSussex.emu@nhs.net
 UKAS accredited testing laboratory No. 1970

Sender & Address

Sender's Reference

Sampling Officer

Sampling Place

Sampling Point

Date Collected

Time Collected

Required tests (tick)

Legionella culture

Others (please specify)

Special Instructions

Please use the space below to add any special instructions for the laboratory.

RECEIVING LABORATORY USE ONLY

Received by:

Received from:

Date Received:

Time received:

Laboratory number:

(1) Please specify

(2) Where Legionella testing is required, please ensure you have arranged supply of sterile 1L sample containers