



Saskatchewan Ministry of Health  
Saskatchewan Disease Control Laboratory  
5 Research Drive  
Regina, Saskatchewan S4S 0A4

**Public Health Officer** (Effective August, 2011)  
Environmental Services, Saskatchewan Disease Control Laboratory  
www.health.gov.sk.ca/lab

**For SDCL Lab Use Only**

Customer Information (Please Print)		Billing Information (Please Print)		Type of Analysis & Cost
Premise Number	Regional Health Authority Name	<input type="checkbox"/> Same as Customer Information		Price Includes 5% GST (GST Number: 107864258)
Customer Name:	Name:		<input type="checkbox"/> Regular (Coliform/E. coli)..... \$21.00	<input type="checkbox"/> Repeat (Coliform/E. coli)..... \$21.00 <input type="checkbox"/> Pool/Spa (Coliform/E. coli)..... \$21.00 <input type="checkbox"/> MPN (Coliform/E. coli) Rec. Lake..... \$31.50 <input type="checkbox"/> Regular & Nitrate (Coliform/E.coli/Nitrate).... \$26.25 <input type="checkbox"/> Fluoride..... \$10.50 <input type="checkbox"/> Nitrate (only)..... \$10.50 <input type="checkbox"/> Pseudomonas..... \$21.00 (Pseudomonas requires separate 250 mL bacteria sample & form)
Address 1:	Address:			
Address 2:	Address:			
Town or City, Province:	Town or City, Province:			
Postal Code: (Required)	Postal Code: (Required)			
Phone: ( )	Fax: ( )	Phone: ( )	Fax: ( )	
<input type="checkbox"/> Check box if results must be faxed				
Sample Information		(PRINT CLIENT NAME AND SAMPLE LOCATION ON THE SAMPLE BOTTLE)		Field Data (Completed by Sampler)
Collection Date: (DD / MMM / YYYY)	Collection Time:(HH:MM) AM/PM	Collected By:	Sample Location:	Free Chlorine (mg/L) Turbidity (NTU) Total Chlorine (mg/L) ( _ . _ _ ) ( _ . _ _ ) ( _ . _ _ )
Payment Method		Credit card information must be included with each requisition and authorized or indicate use card on file		Comments
<input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> Money Order <input type="checkbox"/> Master Card <i>Make cheques payable to the "Minister of Finance".</i> <small>* Do not post date cheques.</small>		Credit Card #: ( _ _ _ _ ) ( _ _ _ _ ) ( _ _ _ _ ) ( _ _ _ _ )      Amount Paid/Authorized: \$ _____ Name On Credit Card: _____ <input type="checkbox"/> Check box to use card on file Expiry Date: <u>mm/yy</u> Signature: X _____		
H13-101 08/2011				<b>TO ORDER BOTTLES/FORMS</b> <b>PLEASE FAX (306) 798-0071</b>

**This form effective August 2011  
IMPORTANT NOTICE - PLEASE READ**

To ensure accurate results the Saskatchewan Disease Control Laboratory requires samples for bacteriological analysis to be processed within 48 hours. Samples transported overnight must be shipped in an approved cooler with an ice pack.

The results of the water analysis will be mailed to the address provided on the front of this form. Please call toll free 1-866-450-0000 for special requests. Information on interpreting results and required action if water is not suitable for drinking can be obtained from the website [www.health.gov.sk.ca/lab](http://www.health.gov.sk.ca/lab).

Further information on required action can also be obtained from your regional public health inspector.

**WATER SAMPLING INSTRUCTIONS FOR BACTERIA ANALYSIS**

1. Use the sterile container supplied by the lab for bacteriological analyses. If the sterile seal is broken, do not use.
2. Wash your hands carefully with soap and water before collecting the sample.
3. Collect the sample from the drinking water outlet (not a hydrant, hose or faucet located outside of building).
4. Remove the aeration screen from tap.
5. Disinfect the end of the faucet with a bleach solution (mix 1 part bleach to 4 parts water).
6. Allow the water to run for two minutes, before adjusting the flow to a stream about the width of a pencil.
7. Take the cap off the bottle and hold the cap in one hand and the bottle in the other. **Never rinse the bottle.** The container contains a tablet (sodium thiosulphate) used to neutralize any chlorine.
8. Carefully fill the bottle within 6-7 mm ( $\frac{1}{4}$  inch) of the top.
9. Replace the cap to the bottle without touching the inside of the cap or the mouth of the bottle.
10. Fill in all areas of the requisition. **Your sample will be rejected if critical information is missing.**
11. Turbid samples will be processed by the MPN method at a cost of \$31.50.

The Saskatchewan Disease Control Laboratory understands that it is not always easy (in some cases impossible) to recollect samples. Therefore, submitters must carefully follow the sampling instructions to ensure mistakes do not occur during the sampling process.

**SHIPPING INSTRUCTIONS FOR BACTERIA ANALYSIS**

1. Clearly print your name and sample location on the sample bottle.
2. Place the sample bottle with the requisition in the mailing container provided by the Saskatchewan Disease Control Laboratory.
3. Place the mailing container in an approved customer supplied insulated cooler. The cooler should contain absorbent material in the event a sample bottle leaks or is broken in transit.
4. Place enough approved ice packs in the cooler so the sample will stay cool but will not freeze during transportation to the lab.
5. Coolers and ice packs are returned to the submitter as soon as possible and the laboratory is responsible for the cost of returning the coolers to the submitter. Please use a "flip-top" style of label with the laboratory's address on one side, and the submitter's address on the other side. **The cooler will not be returned if the address is missing.**
6. Ship or deliver the samples to the Saskatchewan Disease Control Laboratory, Environmental Services, 5 Research Drive, Regina, Saskatchewan, S4S 0A4.
7. The sample must be processed within 48 hours of collection. To avoid weekend delays, mail samples on Monday, Tuesday, or Wednesday.

**To Order Sample Containers/Requisitions  
FAX (306) 798-0071**