



GIARDIA / CRYPTOSPORIDIUM / MPA ASSAY SAMPLE DATA SHEET

(Please fill out applicable areas, sign and return to BioVir with the sample.)
Phone: 1-800-GIARDIA Fax: 707-747-1751 WEB: www.biovir.com

LAB USE ONLY:	
LIMS #:	_____
Client #:	_____
Date Rec'd:	_____
Time Rec'd:	_____
Temp Rec'd:	_____

Note: Please print clearly using waterproof ink

COMPANY NAME & ADDRESS:		SAMPLE DATE:		SAMPLE TIME:	
Contact Name: _____ Tel: _____		Water Temp (C): _____		Turbidity (NTU): _____	
NAME OF SAMPLER:		TREATMENT CHARACTERISTICS (Check One):			
SAMPLE SOURCE:		Raw Surface Water <input type="checkbox"/> Treated Drinking Water <input type="checkbox"/>			
SAMPLE LOCATION:		Treated Wastewater <input type="checkbox"/> Wastewater <input type="checkbox"/>			
		Ground Water <input type="checkbox"/> Other: _____			
		DECHLORINATION/ DISINFECTANT NEUTRALIZATION (If Treated Water): Yes _____ No _____			
SAMPLE DESCRIPTION (MPA)		SAMPLE DESCRIPTION (G/C)			
SAMPLE VOLUME: (Meter # _____)		Regular Grab Sample <input type="checkbox"/> Matrix Spike Grab <input type="checkbox"/>			
Meter Start: _____ Meter Stop: _____		Regular Filtered Sample <input type="checkbox"/>			
Total Volume: _____ Gallons _____ Liters		Matrix Spike Grab / Matrix Spike Filter Pair (>10 L Sample) <input type="checkbox"/>			
		Filtered Volume: _____ Liters Grab Volume: _____ Liters			

Client Sample ID: _____	P.O. #: _____
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ASSAY REQUESTED: Please check one of the following	
METHOD 1623: Cryptosporidium and Giardia (EPA 821-R-01-025)	
<input type="checkbox"/>	REGULAR SAMPLE
<input type="checkbox"/>	MATRIX SPIKE SAMPLE
METHOD 1622: Cryptosporidium Only (EPA 821-R-01-026)	
<input type="checkbox"/>	REGULAR SAMPLE
<input type="checkbox"/>	MATRIX SPIKE SAMPLE
MICROSCOPIC PARTICULATE ANALYSIS (MPA)	
<input type="checkbox"/>	MPA <u>WITH</u> GIARDIA/CRYPTO BY FLUORESCENCE ASSAY (FA) (EPA 910/9-92-029 & 821-R-01-025)
<input type="checkbox"/>	MPA <u>WITHOUT</u> FLUORESCENCE ASSAY (EPA 910/9-92-029)

COMMENTS:

RELINQUISHED BY: _____	DATE / TIME: _____
RECEIVED BY: _____	DATE / TIME: _____

SHIPPING ADDRESS: BIOVIR LABORATORIES, INC., 685 STONE ROAD, UNIT 6, BENICIA, CALIFORNIA 94510