



# LT2 CRYPTOSPORIDIUM and *E. coli* SAMPLE DATA SHEET

(Please fill out applicable areas, sign and return to BioVir with the sample.)  
Phone: 1-800-GIARDIA (442-7342) Fax: 707-747-1751 WEB: www.biovir.com

<b>LAB USE ONLY:</b>	
LIMS #:	_____
Client #:	_____
Date Rec'd:	_____
Time Rec'd:	_____
Temp Rec'd:	_____

Cryptosporidium: Method 1622 (EPA 815-R-05-001) or 1623 (EPA 815-R-05-002)  
*E. coli*: Colilert-18® Quanti-tray® 2000

**Note: Please print using waterproof ink.**

PWS NAME & ADDRESS:		NAME OF SAMPLER:
CONTACT: _____ TEL #: _____		SAMPLE SOURCE:
PWS ID:	FACILITY ID:	SAMPLE LOCATION:
SAMPLE COLLECTION POINT ID:	P.O. #:	TURBIDITY (NTU): <small>Performed by Certified Lab for LT2 Samples.</small>
REQUESTED ANALYSIS (Circle or check all that apply for this COC): <b>SEE BELOW FOR RESAMPLE</b>		
<input type="checkbox"/> Giardia/Cryptosporidium Field Sample (1623) <input type="checkbox"/> Giardia/Cryptosporidium Matrix Spike <input type="checkbox"/> Cryptosporidium Only Field Sample (1622) <input type="checkbox"/> Cryptosporidium Only Matrix Spike <input type="checkbox"/> <i>E. coli</i>		
SOURCE WATER TYPE (Circle or check one):		
<input type="checkbox"/> Flowing Stream <input type="checkbox"/> Lake/Reservoir <input type="checkbox"/> GWUDI – FS <input type="checkbox"/> GWUDI – L/R <input type="checkbox"/> Both FS and L/R		
<b>SAMPLE COLLECTION INFORMATION</b>		
<b><i>Cryptosporidium</i></b>		<b><i>E. coli</i></b>
SAMPLE COLLECTION DATE:	TIME:	SAMPLE COLLECTION DATE: _____ TIME: _____
SAMPLE VOLUME:		SAMPLE VOLUME:
FILTERS USED (Maximum of 2):		
1) LOT #:	1) SERIAL #:	
2) LOT #:	2) SERIAL #:	

<b>IS THIS A RESAMPLE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, DATE OF ORIGINAL SAMPLE: _____ <i>PLEASE PROVIDE REASON FOR RESAMPLE BELOW.</i>

ADDITIONAL COMMENTS:

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

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