Riverside University Health System - Public Health Laboratory

Wastewater Surveillance Test Request Form

Address: 4065 County Circle Drive, Suite 106. Riverside, CA 92503

Phone: (951) 358-5070 **Email**: rphlsurveillance@ruhealth.org

CA Certified Public Health Laboratory #1158

Website: http://www.rivcolab.org/

Affix Lab Label Here

NOTE: If you fill out this form electronically, there is no need to fill out this paper form. Only one is needed.

Submitting Agency & Sample Information ***(required info highlighted in red bold below)***

Agency Name:	**Sample Type:** Wastewater ☐	**Date & Time Received:** *For lab use only*
Address:	**Collection Method:** Manual ☐ Autosampler ☐	**Temperature at Receipt:** *For lab use only*
City/State/Zip:	**Approximate Volume collected (ml)**	**Sample collected by:**
Submitter Phone Number:	**Sample Matrix:** Influent Raw Wastewater Composite ☐	**Average Influent Flow Rate over sampling period Millions of Gallons per day (MGD):**
Submitter Fax:	**Composite sample start (date and time):**	**Sample stored at 2-10°C shortly after collection:** Yes ☐ No ☐
Point of Contact:	**Composite sample end (date and time):**	

Sample comments: