

<p align="center"><b>Riverside University Health System - Public Health Laboratory</b></p> <p align="center"><b>Wastewater Surveillance Test Request Form</b></p> <p align="center"><b>Address:</b> 4065 County Circle Drive, Suite 106. Riverside, CA 92503</p> <p align="center"><b>Phone:</b> (951) 358-5070 <b>Email:</b> rphlsurveillance@ruhealth.org</p> <p align="center">CA Certified Public Health Laboratory #1158</p> <p align="center">Website: <a href="http://www.rivcolab.org/">http://www.rivcolab.org/</a></p>		<p align="center">Affix Lab Label Here</p>
<p align="center"><b>NOTE: If you fill out this form electronically, there is no need to fill out this paper form. Only one is needed per sample.</b></p>		
<p><b>Submitting Agency &amp; Sample Information</b> <i>(required info highlighted in red bold below)</i></p>		
<b>Agency Name:</b>	<b>Sample Type:</b> Wastewater <input type="checkbox"/>	<b>Date &amp; Time Received:</b>
<b>Address:</b>	<b>Collection Method:</b> Manual <input type="checkbox"/> Autosampler <input type="checkbox"/>	<b>Temperature at Reception:</b>
<b>City/State/Zip:</b>	<u>Approximate Volume collected (ml)</u> <b>Sample Matrix:</b>	<b>Sample collected by:</b>
<b>Submitter Phone Number:</b>	Influent Raw Wastewater Composite <input type="checkbox"/> <b>Composite sample start (date and time):</b>	<b>Average Influent Flow Rate over sampling period Millions of Gallons per day (MGD):</b>
Submitter Fax:		<b>Sample stored at 2-10C on site:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
Point of Contact:	<b>Composite sample end (date and time):</b>	<b>If yes, how many hours sample stored on site:</b>
Sample comments:		