



## FIG Food, Water & Environmental Laboratory

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### Water Sample Request Form

(N.B. Please use one request for each sample)

**Customer Name:** \_\_\_\_\_

**Customer Code:** \_\_\_\_\_

**Sample Type:**  Drinking water (Treated)

Drinking water (Untreated)

Pool water

Surface water (Rivers, sea etc)

Endoscope rinse water

Other (specify) \_\_\_\_\_

**Collected By:** \_\_\_\_\_

**Collection Date/Time:** \_\_\_ / \_\_\_ / \_\_\_ : \_\_\_

Client Ref No.	Source/Site	Comments

### Tests Requested:

Please tick:  TVC (ACC)       Total coliforms & E. coli       Pseudomonas aeruginosa  
 Enterococci       Other: \_\_\_\_\_ (If 'Other', please discuss with the laboratory)  
 Legionella (1L sample required – Please arrange with the laboratory before submission)

### Declaration

I confirm that the above information is correct and that samples have been collected in accordance with sterile sampling procedures.

Signed: \_\_\_\_\_

FOR LABORATORY USE ONLY:

Received by: \_\_\_\_\_

Condition on receipt satisfactory? YES / NO

Affix Barcode

Comments:

Date/time rec'd:

Date/time tested:

Lab Number.....

**FWE Water Sample Worksheet – for laboratory use only**

Media sterile?	YEA 37	Y / N	Bottle number:		YEA 22	Y / N	Bottle number:		Funnel sterility passed?	Y / N			
Test parameter	Counting			No. to confirm	Confirmations		No. confirmed	Reporting					
	Aliquot examined	Count	Initial/Date					Reportable count	Units	[min, max]	Initial / date		
ACC 37°C/48hr									cfu/mL				
ACC 22°C/72hr									cfu/mL				
					Oxidase	P. aeruginosa?							
ACC 30°C/2 and 5 days	100mL	D2:							cfu/100mL				
		D5:											
					Oxidase								
Total coliforms including E. coli									cfu/100mL				
E. coli									cfu/100mL				
					Oxidase	API 20NE							
Pseudomonas aeruginosa						Profile + ID + Printout:			cfu/100mL				
					BAA - Casein hydrolysis								
Enterococci									cfu/100mL				
Legionella	Dilution	Counts			No. to confirm	Set-up date:			No. confirmed	Reportable count	Units	[min, max]	Pos. control counts(D10)
		Day __	Day 7	Day 10		BCYE	BCYE-C	Latex					
Untreated										cfu/L			
Acid										cfu/L			
Heat treated										cfu/L			
Initial/ date											Positive control dilution:		
<b>Comments (e.g. colony descriptions, additional tests etc.):</b>  													