



Roy Romanow Provincial Laboratory
5 Research Drive
Regina, Saskatchewan S4S 0A4

Drinking Water Analysis (Effective April 2018)
Environmental Services, Roy Romanow Provincial Laboratory
<http://rrpl-testviewer.ehealthsask.ca>

For Lab Use Only

Client Information (Please Print)		Billing Information (Please Print)		Type of Analysis & Cost
Name:		<input type="checkbox"/> Same as Client Information		Price Includes 5% GST (GST Number: 89583 0180 RT001)
Street or Box No.:		Name:		
		Address:		<input type="checkbox"/> Regular (Coliform/E. coli)..... \$23.00 <input type="checkbox"/> Repeat (Coliform/E. coli)..... \$23.00 <input type="checkbox"/> Regular & Nitrate (Coliform/E.coli/Nitrate)... \$29.00 <input type="checkbox"/> Nitrate (only)..... \$11.50 <input type="checkbox"/> Fluoride (only)..... \$11.50 <input type="checkbox"/> Pseudomonas..... \$23.00
Town or City, Province:		Address:		
Postal Code: (Required)		Town or City, Province:		Pseudomonas requires a separate 250 mL bacteria sample and form.
Phone: ()		Postal Code: (Required)		
Check one to have results e-mailed <input type="checkbox"/> or faxed <input type="checkbox"/>		Billing E-mail Address:		Samples that cannot be filtered for the Coliform & E. coli analyses will be processed by an alternative method. \$34.75
Customer E-mail Address or Fax Number:				
Sample Information (PRINT CLIENT NAME AND SAMPLE LOCATION ON THE SAMPLE BOTTLE)				Comments (If a copy of the final report should be sent to a second e-mail address please note address here.)
Collection Date: (DD / MMM / YYYY)	Collection Time: (HH:MM) AM/PM	Collected By:	Sample Location:	
Payment Method <i>Credit card information must be included with each requisition and authorized or indicate use card on file</i>				
<input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> Money Order <input type="checkbox"/> Master Card <i>Make cheques payable to "Sask Health Authority".</i> <small>* Do not post date cheques.</small>		Credit Card #: () () () () Name On Credit Card _____ Expiry Date: <u>mm/yy</u>		Amount Paid/Authorized: \$ _____ <input type="checkbox"/> Check box to use card on file Signature: X _____
Doc 1400-55 ENV005R V2 April 2018				PLEASE INCLUDE YOUR NAME ON THE SAMPLE BOTTLE SEE REVERSE FOR SAMPLING INSTRUCTIONS TO ORDER BOTTLES/FORMS PLEASE FAX (306) 798-0071

This form effective April 2018
IMPORTANT NOTICE - PLEASE READ

To ensure accurate results the Roy Romanow Provincial Laboratory requires samples for bacteriological analysis to be processed within 48 hours. Samples transported overnight must be shipped in an approved cooler with an ice pack.

The results of the water analysis will be mailed to the address provided on the front of this form. Please call toll free 1-866-450-0000 for special requests. Information on interpreting results and required action if water is not suitable for drinking can be obtained by searching under water testing at the website www.saskhealthauthority.ca.

Further information on required action can also be obtained from your regional public health inspector.

WATER SAMPLING INSTRUCTIONS FOR BACTERIA ANALYSIS

1. Use the sterile container supplied by the lab for bacteriological analyses. If the sterile seal is broken, do not use.
2. Wash your hands carefully with soap and water before collecting the sample.
3. Collect the sample from the drinking water outlet (not a hydrant, hose or faucet located outside of building).
4. Remove the aeration screen from tap.
5. Disinfect the end of the faucet with a bleach solution (mix 1 part bleach to 4 parts water).
6. Allow the water to run for two minutes, before adjusting the flow to a stream about the width of a pencil.
7. Take the cap off the bottle and hold the cap in one hand and the bottle in the other. **Never rinse the bottle.** The container contains a tablet (sodium thiosulphate) used to neutralize any chlorine.
8. Carefully fill the bottle within 6-7 mm ($\frac{1}{4}$ inch) of the top.
9. Replace the cap to the bottle without touching the inside of the cap or the mouth of the bottle.
10. Fill in all areas of the requisition. **Your sample will be rejected if critical information is missing.**
11. Turbid samples will be processed by the MPN method at a cost of \$34.75.

The Roy Romanow Provincial Laboratory understands that it is not always easy (in some cases impossible) to recollect samples. Therefore, submitters must carefully follow the sampling instructions to ensure mistakes do not occur during the sampling process.

SHIPPING INSTRUCTIONS FOR BACTERIA ANALYSIS

1. Clearly print your name and sample location on the sample bottle.
2. Place the sample bottle with the requisition in the mailing container provided by the Roy Romanow Provincial Laboratory.
3. Place the mailing container in an approved customer supplied insulated cooler. The cooler should contain absorbent material in the event a sample bottle leaks or is broken in transit.
4. Place enough approved ice packs in the cooler so the sample will stay cool but will not freeze during transportation to the lab.
5. Coolers and ice packs are returned to the submitter as soon as possible and the laboratory is responsible for the cost of returning the coolers to the submitter. Please use a "flip-top" style of label with the laboratory's address on one side, and the submitter's address on the other side. **The cooler will not be returned if the address is missing.**
6. Ship or deliver the samples to the Roy Romanow Provincial Laboratory, Environmental Services, 5 Research Drive, Regina, Saskatchewan, S4S 0A4.
7. The sample must be processed within 48 hours of collection. To avoid weekend delays, mail samples on Monday, Tuesday, or Wednesday.

To Order Sample Containers/Requisitions
FAX (306) 798-0071