

# LABORATORY ADVICE NOTE

## Water Microbiology

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Office Use Only:  
Accession No:

<b>Client Name</b> (in full)		<b>Copy to</b>	
<b>Email</b>		<b>Phone</b>	
<b>Address</b>		<b>Account to</b> (if different from submitter details)	
<b>ABN</b>		<b>Order Number</b>	

Test Packages	Individual Tests		
<b>Drinking water:</b> Total Coliforms & <i>E.coli</i> <input type="checkbox"/>	Heterotrophic colony count	36°C <input type="checkbox"/>	22°C <input type="checkbox"/>
<b>Recreational water:</b> Enterococci <input type="checkbox"/>	Coliforms <input type="checkbox"/>	Thermotolerant coliforms	<input type="checkbox"/>
<b>Swimming Pool/Spa:</b> Heterotrophic colony count, Thermotolerant coliforms & <i>Ps.aeruginosa</i> <input type="checkbox"/>	<i>E.coli</i> <input type="checkbox"/>	Enterococci	<input type="checkbox"/>
<b>Renal water:</b> Heterotrophic colony count 22°C <input type="checkbox"/>	<i>Ps. aeruginosa</i> <input type="checkbox"/>	Salmonella	<input type="checkbox"/>
<b>Full potability:</b> Heterotrophic colony counts x 2, Coliforms, <i>E.coli</i> & Enterococci <input type="checkbox"/>	<i>Legionella</i> <input type="checkbox"/>	<b>Other:</b>	

**Water Use**

Drinking  Recreational  Dialysis  Irrigation  Food  Production

Other  (give details)

<b>Treatment Status</b>	Treated <input type="checkbox"/>	Untreated <input type="checkbox"/>	<b>Water Source:</b> e.g. Town supply, dam
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**Sample Details:** e.g. Home Paddock Dam 7:30 am dd/mm/yyyy

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

**Additional Information:**

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Laboratory Information Only – Completed on receipt at the laboratory			
Date & Time of receipt	No. of samples received	Received by (initials)	Comments