

Sonoma County Public Health Laboratory

3313 Chanate Rd., Santa Rosa, CA 95404

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Title:

Form Water Lab 6 Shellfish Growing Water Sample Submission Form

Version: 2.1

Version Effective Date: 01-Jan-2025

Document Type: Document

Laboratory Director Quality Manager	 Rachel Rees	Authorization Date: 30-Dec-2024 08:49
Technical Manager (ELAP or NSSP only)	 Adrianna Arreola	Authorization Date: 27-Dec-2024 16:27

CLIA
Clinical Laboratory
Improvement
Amendments
05D0644064

Water Testing



ELAP cert#1736

National Shellfish
Sanitation Program
(NSSP) Guide
for the Control of
Molluscan Shellfish:
2019 Revision

Dairy Testing



SCPHL Website:

<https://sonomacounty.ca.gov/health-and-human-services/health-services/divisions/public-health/public-health-regional-laboratory>

**Form Water Lab 6: Shellfish Growing Waters Sample Submission/Chain of Custody Form
for 15 tube Total Coliform MPN**

Sonoma County Public Health Laboratory, 3313 Chanate Road, Santa Rosa, CA 95404. Phone: (707) 565-4711 Fax: (707) 565-7839

Grower's Company Name:	Agency Responsible for Payment (if different from Grower) <input type="checkbox"/> CDPH	Refrigerant used to transport samples: <input type="checkbox"/> ice pack <input type="checkbox"/> wet ice <input type="checkbox"/> none	Date & time of receipt at lab:	Submitters: Red Fields Required
Contact phone:			Received by initials:	
Contact email:				

Lab Number (for lab use only)	Harvest Area (Location where sample was collected)	Date Collected MM/DD/YY	Time Collected (00:00am/pm)	Name of sample collector	Water Temp (at collection) °F or °C	Salinity (at collection)	Sample temp at lab (°C)