

## INSTRUCTIONS FOR COLLECTION, HANDLING, STORAGE & TRANSPORT OF WATER SAMPLE FOR MICROBIOLOGICAL EXAMINATION

1. Sterilized bottles sent out from the laboratory should be kept unopened and away from contamination until it is required for filing.
2. To collect a sample from the tap or pump outlet:
  - a) Clean the tap. Remove from the tap any attachments that may cause splashing and using a clean cloth, wipe the outlet in order to remove dirt.
  - b) Turn on the tap or let at maximum flow rate and let the water flow for 1 to 2 minutes to clean the service lines.
  - c) Restrict flow to avoid splashing.
  - d) Untie the string around the paper covering of the bottle.
  - e) Unscrew the cap completely without removing the paper cover.
  - f) Lift the cover without exposing the inside to dust and wind.
  - g) Fill the bottle with water without rinsing at least 100 ml only, allowing air space.
  - h) Stopper immediately and fixed the paper covering in place with the string.
3. When collecting from lake, stream, river or shallow well:
  - a) Remove the cover by the technique describe in 2d, e and f.
  - b) Hold the bottle near its base and submerge in to a depth one foot below the surface.
  - c) Collect sample by sweep of arm with the mouth of the bottle facing slightly upwards or towards the current.
  - d) Stopper immediately and fix the paper covering in place with the string.
4. If samples are to be taken from dug wells and similar sources:
  - a) With a piece of string, attach a stone of suitable size of the sampling bottle.
  - b) Take a 20 cm length of clean string rolled around the stick and tie on bottle to string. Open the bottle as describe in 2d, e and f.
  - c) Lower the bottle weighed by the stone into the well, unwinding the string slowly. Do not allow the bottle to touch the sides of the well.
  - d) Once the bottle is judged to be filled, rewind the string around the stick to bring up the bottle.
  - e) Stopper immediately and fix the paper in place with string.
5. Fill up completely the request forms and submit it with the sample.
6. Bottles shall be identified properly. Attach a label to the body of the sample bottle(s) indicating the name of collector and requesting person, source of sampling, date and time of collection.
7. Water sample(s) shall be sent at once so as to reach the laboratory preferably within 6 hours from the time of collection. If samples cannot reach the laboratory within the period, the use of ice cooler during the transport to the laboratory is recommended. The time lapsing between the collections and processing should not exceed 24 hours.
8. Submission of samples for Microbiological Examination:

Monday to Wednesday	8:00 am to 2:00 pm
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9. Results are ready for release after five (5) working days.



Republic of the Philippines  
 Department of Health  
 East Avenue Medical Center  
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**REQUEST FOR ANALYSIS OF WATER**

1. Sample Collected by: \_\_\_\_\_

2. Sampling : \_\_\_\_\_ (Date) \_\_\_\_\_ (Time)

3. Sampling Point
- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Pump         | <input type="checkbox"/> Fire Hydrant |
| <input type="checkbox"/> Tank         | <input type="checkbox"/> Flowing Pipe |
| <input type="checkbox"/> House Faucet | <input type="checkbox"/> River        |

4. Specify address of sampling point  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Source of water supply
- |   |   |
|---|---|
| <input type="checkbox"/> Deep well        | <input type="checkbox"/> River              |
| <input type="checkbox"/> Shallow well     | <input type="checkbox"/> Lake               |
| <input type="checkbox"/> MWSI             | <input type="checkbox"/> Developed Spring   |
| <input type="checkbox"/> MWCI             | <input type="checkbox"/> Undeveloped Spring |
| <input type="checkbox"/> MWSS             | <input type="checkbox"/> Rain Water         |
| <input type="checkbox"/> Local Waterworks |   |

6. Classification/Purpose
- |  |
|--|
| <input type="checkbox"/> Water Refilling Station                       |
| <input type="checkbox"/> Vending Machine                               |
| <input type="checkbox"/> Dialysis Water                                |
| <input type="checkbox"/> Residential                                   |
| <input type="checkbox"/> Hospital                                      |
| <input type="checkbox"/> Industrial/Establishment : _____<br>(Specify) |

7. Type of Ownership
- |                                     |
|-------------------------------------|
| <input type="checkbox"/> Private    |
| <input type="checkbox"/> Public     |
| <input type="checkbox"/> Commercial |

8. Water Treated
- |  |
|--|
| <input type="checkbox"/> Yes . Specify _____ |
| <input type="checkbox"/> No                  |

9. Well Usage
- |   |
|---|
| <input type="checkbox"/> New (not yet in use)               |
| <input type="checkbox"/> Recent (use of less than 3 months) |
| <input type="checkbox"/> Old (in use over 3 months)         |

10. Analysis requested
- |  |
|--|
| <input type="checkbox"/> Bacteriological     |
| <input type="checkbox"/> Physical & Chemical |
- Parameters to be examined:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Sender Information:

Name: \_\_\_\_\_  
 Designation: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Tel No./ Fax: \_\_\_\_\_  
 Email add: \_\_\_\_\_

- Send report thru:
- |                              |                                  |                                 |
|------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> Fax | <input type="checkbox"/> Pick-up | <input type="checkbox"/> E-mail |
|------------------------------|----------------------------------|---------------------------------|

Signature of person or representative requesting examination

**For the Laboratory Only**

Lab. Accession No.: \_\_\_\_\_  
 Received by : \_\_\_\_\_  
 Date and Time : \_\_\_\_\_  
 Laboratory No. : \_\_\_\_\_  
 Amount Paid & O.R #: \_\_\_\_\_