

BIOTOXIN AND PHYTOPLANKTON COMMERCIAL SAMPLE FORM



Sample Site Data		
	Shellfish	Water
Site Name		
Site Code		

Date Sample Taken:		Time Sample Taken:		Hours before high tide	
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Routine Commercial Phytoplankton Shellfish

CUSTOMER:-

CONTACT PH:-

Shellfish sample

<input type="checkbox"/> Minimum testing as per Marine Biotoxin management plan	Additional testing (Please specify)	Species-Part to be Analysed (Please tick)			
		Greenshell Mussel		Scallop Roe	
		Blue Mussel		Scallop M-R	
		Pacific Oyster		Queen Scallop M-R	
		Dredge Oyster		Tuatua	
		Rock Oyster		Pipi	
		Paua Gut		Cockle	
		Other			

Water Sample (Please circle):

Van Dorn

Hose

Grab

Depth (metres)	0m	3m	6m	9m	12m
Temperature (°C)					
Salinity (p.p.t)					
Visibility (secchi depth (m))					

Samplers Name:		Ph :	Email:
Samplers Signature:			
APO		Ph:	Email:
Client Sample ID:			
Send Invoice To:			

Comments: (eg state of tide, weather, wind strength / direction, dead fish / birds etc)

Visible Bloom? YES/NO – IF YES, Colour RED/PINK/GREEN/BROWN Odour?

Lab use only

Temperature on arrival	°C	Sample condition?	Acceptable	
			Not Acceptable	
			If not, Non-Conf no:	

Sample Receipt (Lab use only)