



## FRESHWATER MICROALGAE & BIOTOXIN SAMPLE FORM

Sample approved for funding by ESR (Supporting Local Needs)

Start Here, tick boxes or complete by printing as required

<b>Sampling site information:</b>				
Site Name				
Sample Date				
Sample Time				
Client sample ID				
Date sent to lab				
Site Code (if known)				
Sample ID (Lab use only)				
Date received (Lab use only)				

**Water Sample Type:**    **Hose**                      **Grab**                      **Van Dorn**                      **Scraping**  
(circle one)

<b>Additional Information:</b>				
Depth (metres)				
Temperature at surface (°C)				
Salinity (p.p.t)				
Visibility (secchi depth (m))				

**Analysis requested:**

MICROALGAE analyses	Tick	BIOTOXIN analyses	Tick
<i>Phytoplankton</i>		Nodularin/Microcystin LCMS (Bloom sample)	
ID and enumeration		Nodularin/Microcystin LCMS (Drinking water)	
ID and relative abundance		Anatoxin/Cylindrospermopsin LCMS	
<i>Periphyton</i>		Saxitoxin Rapid Kit	
ID and relative abundance		Other	
<i>Other</i>			
Rapid analysis (bloom samples)			
<b>MoH (ESR) Funded Analysis</b>	✓		

<b>Sampling Information:</b>	
Samplers Name:	Contact Phone: ☎
Sampling Co-ordinator	Contact Phone: ☎
Send Invoice To:	Send Report To (email details):
<b>ESR, Kenepuru Science Center, Kenepuru Drive, PO Box 50348, Porirua, Wellington</b>	

<b>Comments:</b> (eg state of weather, wind strength / direction, dead fish / birds etc)
<b>Visible Bloom? YES/NO – IF YES, Colour RED/PINK/GREEN/BROWN    Odour?</b>