



CAWTHRON

FRESHWATER MICROALGAE & BIOTOXIN SAMPLE FORM

Start Here, tick boxes or complete by printing as required

Sampling site information:				
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)

Additional Information:				
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)			
MoH (ESR) Funded Analysis			

Sampling Information:	
Samplers Name:	Contact Phone: ☎
Sampling Co-ordinator	Contact Phone: ☎
Send Invoice To:	Send Report To (email details):

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

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