

Laboratory Name:

Laboratory ID:

Method 1622/1623 Bench Sheet

Sample Identification Information	
* Lab Sample ID:	Sample collection time:
* PWS ID:	*Sample collection date:
* Facility ID:	Turbidity (NTU):
* Sample Collection Point ID:	
* Sample type (circle one):	Initial precision and recovery (IPR)    Method blank    Field (monitoring) sample Ongoing precision and recovery (OPR)    Matrix spike (MS)    Proficiency testing (PT)

Sample Spiking Information (for IPR, OPR, MS, and PT samples only)	
* Estimated number spiked:	<input type="checkbox"/> Crypto <input type="checkbox"/> Giardia    Spiking time:
* Sample volume spiked (L):	Spiking date:
Spiking suspension ID:	Spiking analyst:

Sample Filtration	
Filter type (circle one):	<input type="checkbox"/> Envirochek <input type="checkbox"/> Envirochek HV <input type="checkbox"/> Filta-Max <input type="checkbox"/> CrypTest <input type="checkbox"/> Other (specify)
Did filter clog (circle one):	<input type="checkbox"/> Yes <input type="checkbox"/> No    Filter lot number:
* Number of filter(s) used?:	Filtration time:
* Volume filtered (mL):	Filtration date:

Sample Elution (must be performed within 96 hours of sample collection/filtration)	
Elution procedure (circle one):	<input type="checkbox"/> Wrist shaker <input type="checkbox"/> Filta-Max wash station <input type="checkbox"/> Stomacher <input type="checkbox"/> Backflush/sonication
Elution buffer:	Elution time:
Elution buffer lot number:	Elution date:
Elution buffer expiration date:	Elution analyst:

Concentration, IMS, and Slide Preparation (must be completed on same working day that samples are eluted)	
Procedure (circle one):	<input type="checkbox"/> Centrifugation <input type="checkbox"/> Filta-Max concentrator <input type="checkbox"/> Other (specify)
* Pellet volume after concentration (mL):	Concentration analyst:
* Total volume of resuspended concentrate (mL):	IMS analyst:
* Volume of resuspended concentrate transferred to IMS (mL):	Slide preparation time:
Number of subsamples processed through entire method:	Slide preparation date:
IMS lot number:	Slide preparation analyst:
IMS system (circle one):	<input type="checkbox"/> Dynal GC-Combo <input type="checkbox"/> Dynal anti-Crypto <input type="checkbox"/> Other (specify)
Slides (circle one):	<input type="checkbox"/> Meridian <input type="checkbox"/> Dynal <input type="checkbox"/> Waterborne <input type="checkbox"/> Other (specify)

Slide Staining (must be completed within 72 hours of application of sample to the slide)	
Detection kit (circle one):	<input type="checkbox"/> Merifluor <input type="checkbox"/> Crypt-a-glo <input type="checkbox"/> Giardi-a-glo <input type="checkbox"/> Aqua-glo <input type="checkbox"/> Other (specify)
	Staining time:
Detection kit lot number:	Staining date:
	Staining analyst:

Comments: