

# INSTRUCTIONS

## C05A MICROBIOLOGICAL IN WATER

### 1.0 Sample Reception

- 1.1 All breakages and shortages must be reported within 24 hours of sample receipt. Due to sample stability, replacement samples will not be available beyond 96 hours of the shipping date.
- 1.2 Store samples at 4±2°C, preferably in the dark. Non-diluted samples are stable for at least 96 hours.
- 1.3 Check that all the parameters for which you are registered are correctly identified on the web data entry report page.
- 1.4 Inquiries regarding sample shipments and sample preparation may be directed to:

Ms. Esther Kwok  
CMPT - UBC Pathology  
T: 604-827-1754  
F: 604-827-1338  
email: cmpt.path@ubc.ca

cc: CALA Program Administrator  
cc: Ken Middlebrook, CALA PT Manager  
fax: 613-233-5501  
email: programadmin@cala.ca  
email: kmiddlebrook@cala.ca

Inquiries must be made by facsimile or email only. Use the Nonconformance Form (see reverse) when sending a fax. Please include your CALA membership number on all correspondence.

### 2.0 Sample Analysis: Heterotrophic Plate Count

- 2.1 No dilution is required. Mix vial well and analyse as per the laboratory's registered method.
- 2.2 Sample concentration ranges are on an interval below approximately 1000 counts/ml.

### 3.0 Sample Analysis: Total Coliforms, Fecal Coliforms And *E. Coli*

- 3.1 Mix vial well and dilute 1.0 mL to 1000 mL with sterile dilution water. Mix well and analyse the diluted sample as per the laboratory's registered test method.
- 3.2 Sample concentration ranges, for the diluted samples, are on an interval below approximately 100 counts/100 ml in the diluted sample.

### 4.0 Reporting Results

- 4.1 Results must be reported by midnight of the study deadline (see the General Proficiency Testing Information sheet for details).

### 5.0 Safety

- 5.1 The PT samples are designed for use by laboratory professionals familiar with environmental samples and potentially hazardous materials.

# PT SAMPLE NON-CONFORMANCE FORM

## ATTENTION:

Please indicate reception date of proficiency samples \_\_\_\_\_

Please complete this form if your shipment of water proficiency samples:

were received >96 hours from shipping date.

were received damaged

were received leaking

were received incomplete, e.g., missing a sample

# of water proficiency samples affected: \_\_\_\_\_ (please specify the samples affected)

Laboratory Name : \_\_\_\_\_ Lab No. \_\_\_\_\_

Laboratory Address \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ PC: \_\_\_\_\_

Name: (please print) \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_