


<b>KY Division of Laboratory Services</b> <b>100 Sower Blvd. Suite 204</b> <b>Frankfort, Kentucky 40601</b> <b>Phone: 502/ 564-4446 Fax: 502/ 564-7019</b>		 <b>Kentucky Public Health</b> <small>Prevent. Promote. Protect.</small> <b>Water Bacteriology</b> <b>Analysis Report</b>	
<i>(Please complete a separate form for each sample.)</i>			
Authorized Collector: _____			
Collectors Phone #: _____ Sanitarian Number: _____			
Collection Date: _____ Collection Time: _____			
Occupant or Owner: _____			
Request Identifying No: _____ Site No.: _____			
Sample No.: _____ Sample Seq. No: _____			
County: _____			
Submitter (Use LHN Site#): _____			
<input type="checkbox"/> Drinking Water <input type="checkbox"/> Recreational Waters <input type="checkbox"/> Spas/Therapeutic Pools			
<input type="checkbox"/> Check here if accompanied by Chain-of-custody form			
Collector's Remarks:			
<b>Laboratory Findings:</b>			
Date & Time Received	Laboratory Number	Date & Time Reported	Technologist