

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 $4\pm 2^{\circ}\text{C}$, 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: PT Canada, Program Administrator
email: programadmin@PTcanada.org
cc: Ken Middlebrook, PT Canada
email: kmiddlebrook@PTcanada.org

Inquiries must be made by email only. Use the enclosed Nonconformance Form (see reverse) when notifying PT Canada of a problem with the samples. Please include your PT Canada laboratory number on all correspondence. Due to sample stability, sample replacement will only be possible during the week of shipping.

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:

<input type="checkbox"/> were received >96 hours from shipping date.
<input type="checkbox"/> were received damaged
<input type="checkbox"/> were received leaking
<input type="checkbox"/> 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: _____