



175 COLLEGE STREET  
P. O. BOX 1518  
BATTLE CREEK, MI 49037  
269-969-6161  
1-800-968-3251  
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## **WATER QUALITY LABORATORY**

### **ADMINISTRATIVE DIRECTOR**

Gary L. Roecker, MT(ASCP), DLM

### **TECHNICAL DIRECTOR**

Kenneth L. VandenBosch, MT(ASCP)

### **MANAGER, PATIENT & OUTREACH SERVICES**

Marcus Glass, MT(ASCP)

### **ACCOUNT SERVICE REPRESENTATIVE**

Deb Hopkins

### **TECHNICAL CLIENT SERVICES DEPARTMENT**

269-969-6161 or 1-800-968-3251, extension 4900,  
open 24 hours, 7 days a week.

## **INTRODUCTION**

Water Quality Laboratory (WQL) is a division of Regional Medical Laboratories, Inc. We are certified by the State of Michigan Department of Environmental Quality Drinking Water and Radiological Protection Division.

Since 1986 we have been performing water testing for many Michigan County Environmental Health Departments, realtors, hotel/motel establishments, schools and homeowners in our service area.

We believe that laboratory services are an integral and essential component of environmental care. We are committed to providing a quality customer oriented service that is scientifically based, reliable and timely. We will strive to operate in an efficient, cost effective manner.

### **Company Goals**

- To provide the best quality laboratory services at a fair, competitive price.
- To conduct business in a professional, ethical manner.
- To provide laboratory services in a courteous, friendly and personal manner.
- To deliver laboratory testing that is accurate, efficient, timely and meets the customers' needs.

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## **GENERAL SERVICE INFORMATION**

### **Quality Assurance**

WQL, a division of Regional Medical Laboratories, Inc. meets the quality control requirements established by the State of Michigan Department of Environmental Quality Drinking Water and Radiological Protection Division. See attached water certifications.

### **Supplies**

WQL provides for your use a variety of specimen collection containers and requisitions for proper specimen collection. These are supplied at no charge when specimens are sent to WQL for testing. WQL test requests with the client name pre-printed are provided. For a WQL Fax Supply Order Form, please contact our Purchasing Department at extension 6938 and request RML form #138.

### **Call or Fax Results**

If results are to be called or faxed back upon completion, please indicate on the test request form under the other instructions section that results must be called or faxed. Please be specific as to the telephone/fax number where the results are to be sent.

### **Courier Service**

For specimen pick up and supply delivery, WQL maintains its own Courier service at no additional charge within the WQL service area. For more information on Courier services, please contact the Patient & Outreach Services Department at extension 6923.

### **Specimen Handling**

All water samples must be kept cold after collection and through transport to lab. Ice packs and styrofoam containers are available from the WQL Purchasing Department if needed. All specimens must be labeled and be accompanied by a WQL requisition. Please check specimens for leaks before placing in the zip lock bags. *Leaking specimens will be rejected.*

### **Test Cancellation Policy**

A specimen that arrives at the laboratory and has not been processed may be cancelled. If the test ordered has already been performed when the cancellation notice is received, the client will be billed the routine fee for the test performed as originally ordered.

## **BILLING CYCLE, INVOICE AND STATEMENT**

WQL has selected test methods utilizing the most up-to-date technology to assure accurate and meaningful results at a fair and reasonable fee.

The base fee for the monthly account billing is determined by extensive cost analysis of the labor and materials involved for each laboratory assay.

Monthly account invoices are mailed at the end of each month. The client will receive an itemized invoice for all laboratory work ordered through approximately three business days prior to the end of the previous month. The invoice will have each request date of service, request ID number, test name and fees. Accompanying each invoice will be a statement showing the current and prior open invoices. Statements are due and payable ten days after the issue date. Please note an APR of 12% may be assessed to accounts that are over 30 days.

Please address any questions regarding billing to the Account Billing Representative at extension 6961.

## SPECIMEN COLLECTION

### Arsenic

1. **Container Requirement:** 50 ml conical tube with screw top, pre-labeled specimen container.
2. **Collection Procedure:** To determine the arsenic content caused from the water source, collect the sample at the site of use (ie: kitchen tap). Allow the sampling tap to flush for at least 10 full minutes and until cold. Collect the sample as fresh cold water is drawn from the well. This is called a **“Flushed Sample”**. Fill the specimen container to the top with the water sample and cap securely. Make sure it does not leak! Leaking specimens will be rejected.
  - a. Complete the pre-printed label on the specimen container as instructed on page 8, and complete the WQL test request as instructed on page 9.
  - b. Place the specimen container in the biohazard zip-lock bag and close bag securely. Place the completed WQL test request in the back pocket of the bag and prepare for transport. Store and transport the specimen **COLD**.

Water samples for arsenic have a 14-day stability and can be collected Monday through Friday.

### Coliform

1. **Container Requirement:** 120 ml sterile 4-inch screw top specimen container  

This test may be ordered and collected with the Nitrate as a Water Profile 1 (Code 6650) or may be ordered as a single test.
2. **Collection Procedure:** Wash hands. Remove the screen or aerator from the faucet and turn the cold water on. After the pump turns on, run the water for an additional 5 minutes. Using aseptic technique (do not touch the inside of the container) fill the container to the threads of the screw top container and cap securely, making sure the container does not leak. Take the following steps:
  - a. Do not open the container until ready to collect the sample.
  - b. Do not touch or allow anything to come in contact with the inside parts of the lid or container other than the water to be collected.
  - c. Do not allow the faucet to touch the inside parts of the container.

- d. Place the lid on the container immediately after collection.
- e. Complete the WQL test request as instructed on page 9 and label the side of the specimen container with the pre-numbered label from the requisition form.
- f. Place the specimen container in the biohazard zip-lock bag and close bag securely. Place the completed WQL test request in the back pocket of the bag and prepare for transport. Store and transport the specimen **COLD**.

Testing for Coliform must be started within 24 hours of collection time to meet EPA regulations. Samples processed after the 24-hour time frame will be reported “Sample was processed more than 24 hours after collection”. Results must be interpreted in light of this fact.

### **Coliform from a Chlorinated/Municipal Source:**

1. **Container Requirement:** Coliform testing from a chlorinated/municipal source or pool requires the use of a ‘whirl bag’ with a sodium thiosulfate tablet. Note that this container can only be used for Coliform testing.
2. **Collection Procedure:** Wash hands. Remove the screen or aerator from the faucet, turn the cold water on and run for 5 minutes. Using aseptic technique (do not touch the inside of the container) and being careful not to allow the tablet to fall out take the following steps:
  - a. Open the whirl bag by tearing off the top at the scored line.
  - b. Pull the tabs outward to open the bag (sometimes a pull on the bottom is also helpful).
  - c. Do not allow anything to come in contact with the inside of the bag other than the water to be collected.
  - d. Fill the bag to the required fill line.
  - e. Pull the wire ends to close the bag.
  - f. Whirl the bag three complete revolutions (do not roll tapes down). Leave airspace for mixing in lab.
  - g. Turn tape inward on opposite face of fold.

- h. Complete the WQL test request as instructed on page 9 and label the whirl bag with the pre-numbered label from the requisition form.
- i. Place the whirl bag in the biohazard zip-lock bag and close bag securely. Place the completed WQL test request in the back pocket of the bag and prepare for transport. Store and transport the specimen **COLD**.

Testing for Coliform must be started within 24 hours of collection time to meet EPA regulations. Samples processed after the 24-hour time frame will be reported “Sample was processed more than 24 hours after collection”. Results must be interpreted in light of this fact.

### **Coliform MF/Pool**

1. **Container Requirement:** Coliform testing from a chlorinated/municipal source or pool requires the use of a ‘whirl bag’ with a sodium thiosulfate tablet. Note that this container can only be used for Coliform testing. Pool samples should be collected only when the pool is in use and preferably during periods of heaviest bathing.
2. **Collection Procedure:** Using aseptic technique (do not touch the inside of the container) and being careful not to allow the tablet to fall out take the following steps:
  - j. Open the whirl bag by tearing off the top at the scored line.
  - k. Pull the tabs outward to open the bag (sometimes a pull on the bottom is also helpful).
  - l. Do not allow anything to come in contact with the inside of the bag other than the water to be collected.
  - m. Use a long sweeping motion to plunge the bag beneath the water surface to a depth of 2 to 3 feet (as deep as a person’s arm will allow).
  - n. Bring the bag to the surface and pull the wire ends to close the bag.
  - o. Whirl the bag three complete revolutions (do not roll tapes down). Leave airspace for mixing in lab.
  - p. Turn tape inward on opposite face of fold.
  - q. Complete the WQL test request as instructed on page 9 and label the whirl bag with the pre-numbered label from the requisition form.

- r. Place the whirl bag in the biohazard zip-lock bag and close bag securely. Place the completed WQL test request in the back pocket of the bag and prepare for transport. Store and transport the specimen **COLD**.

Coliform MF/Pool samples must be delivered to WQL/RML Central Lab Processing Department by 3:00 p.m. Monday through Friday.

**SPECIAL NOTE: COLIFORM MF/POOL specimens must be submitted to the laboratory within six hours after the collection.**

### **Lead**

1. **Container Requirement:** 50 ml conical tube with screw top.
2. **Collection Procedure:** To determine the contribution of lead from the *plumbing including faucets and solder*, collect the sample from a tap used for drinking water after the water in the plumbing has sat motionless for a minimum of 6 hours (ie: first thing in the morning) without allowing the water to run first. This sample is called a **“First-Draw Sample”**. Fill the specimen container to the top with the water sample and cap securely. Make sure it does not leak! Leaking specimens will be rejected.
  - a. Complete the WQL test request as instructed on page 6. Label the specimen container “First-Draw Sample”, and label the side of the collection container with the pre-numbered label from the requisition form.
  - b. Place the whirl bag in the biohazard zip-lock bag and close bag securely. Place the completed WQL test request in the back pocket of the bag and prepare for transport. Store and transport the specimen **COLD**.
3. **Collection Procedure** To determine the lead content caused from the *water source*, collect the sample at the site of use (ie: kitchen tap). Allow the sampling tap to flush for at least 10 full minutes and until cold. Collect the sample as fresh cold water is drawn from the well. This is called a **“Flushed Sample”**. Fill the specimen container to the top with the water sample and cap securely. Make sure it does not leak! Leaking specimens will be rejected.
  - a. Complete the WQL test request as instructed on page 9. Label the specimen container “Flushed Sample”, and label the side of the collection container with the pre-numbered label from the requisition form.
  - b. Place the whirl bag in the biohazard zip-lock bag and close bag securely. Place the completed WQL test request in the back pocket of the bag and prepare for transport. Store and transport the specimen **COLD**.

Water samples for lead have a 14-day stability and can be collected Monday through Friday.

### **Nitrate**

1. **Container Requirement:** 120 ml sterile 4-inch screw top container.

This test may be ordered together with the Coliform as a Water Profile 1 (Code 6650) or may be ordered as a single test.

2. **Collection Procedure:** Wash hands. Remove the screen or aerator from the faucet and turn the cold water on. After the pump turns on, run the water for an additional 5 minutes. Using aseptic technique (do not touch the inside of the container) fill the container to the threads of the screw top container and cap securely, making sure the container does not leak. Take the following steps:
  - a. Do not open the container until ready to collect the sample.
  - b. Do not touch or allow anything to come in contact with the inside parts of the lid or container other than the water to be collected.
  - c. Do not allow the faucet to touch the inside parts of the container.
  - d. Place the lid on the container immediately after collection.
  - e. Complete the WQL test request as instructed on page 9 and label the side of the specimen container with the pre-numbered label from the requisition form.
  - f. Place the specimen container in the biohazard zip-lock bag and close bag securely. Place the completed WQL test request in the back pocket of the bag. Store and transport the specimen **COLD**.

### **Nitrite**

1. **Container Requirement:** 50 ml conical tube with screw top, pre-labeled specimen container.
2. **Collection Procedure:** The sample needs to be representative of the water supply. Allow the water to run 5 minutes and until cold. The tap must be free of a strainer, hose and water purification device. Fill the specimen container to the top with the water sample and cap securely. Make sure it does not leak! Leaking specimens will be rejected.

- a. Label the specimen container and complete the WQL test request as instructed on page 9.
- b. Place the specimen container in the biohazard zip-lock bag and close bag securely. Place the completed WQL test request in the back pocket of the bag. Store and transport the specimen **COLD**.

Nitrite samples will be accepted for processing **Monday through Wednesday only!** Thursday samples must be received at Central Lab by 1:00 p.m. Nitrite samples received Thursday after 1:00 p.m. or on Fridays will be rejected! A nitrite test has only a 48-hour limit from the time of collection until testing.

### **Surface Water E-Coli**

1. **Container Requirement:** 120 ml sterile coliform screw top container.
2. **Collection Procedure** It is recommended that three different collections be made in three different areas of the beach: the left side, right side and middle of the swimming area. Also, the sample should be collected at a level of one foot deep in water between three to six feet deep. The sample container should be held away from the collector's body. Label each specimen container with a pre-numbered label from the requisition form (note: each collection site requires its own requisition form) and write the collection site on the label (ie: north ).
  - a. Collect the specimen by filling the specimen container to the top with the lake water sample and cap securely. Make sure it does not leak! Leaking specimens will be rejected.
  - b. Complete the WQL test request as instructed on page 9 and place the specimen container in the biohazard zip-lock bag and close bag securely. Place the completed WQL test request in the back pocket of the bag and prepare for transport. Store and transport the specimen **COLD**.

**SPECIAL NOTE: SURFACE WATER Specimens must be submitted to the laboratory within six hours after the collection.**

**PRE-PRINTED LABEL ON SPECIMEN CONTAINER COMPLETION**

Arsenic, Lead and Nitrite samples require completion of a pre-printed label that is located on the 50 ml conical tube provided by WQL Purchasing Department. An example is below.

Complete the pre-printed label with the following information:

1. Date collected
2. Time (collected)
3. Address (sample site address)
4. Check the test requested (Nitrite, Lead or Arsenic)
5. "First-Draw Sample" (time collected)
6. "Flushed Sample" (time collected)
7. WQL (ID Label) (place gummed label from WQL test request here)

Date Collected ___/___/___	Time:_____
Address:_____	
<b><u>NITRITE:</u></b> _____	<b><u>"FIRST-DRAW SAMPLE":</u></b> _____
<b><u>LEAD:</u></b> _____	
<b><u>ARSENIC:</u></b> _____	<b><u>"FLUSHED SAMPLE":</u></b> _____
WQL (ID LABEL)	
A DIVISION OF REGIONAL MEDICAL LABORATORIES	

## WATER TEST REQUEST COMPLETION

It is important that a WQL test request is completed per sample. Be sure to label the side of the specimen container with the pre-numbered label from the test requisition and complete the required information listed below.

1. **Agency Name**: if not preprinted, complete with your name, address and telephone number.
2. **Sample Address**: Location where the water was collected.
3. **Collection Date**: Write the date the water sample was collected.
4. **Collection Time**: Write the time the water sample was collected.
5. **Sample Source**: Write the water sample source (i.e. kitchen sink, well, etc.)
6. **Collectors Name**: Write the name of person who collected the water sample.
7. **Sample Information**: (Indicate One Only): Softened: Y / N. Place a (X) in the area in front of **Post-Chlorination** if this applies to the water sample collection.
8. **Other Comments**: Check one, as applicable to the water sample collection.
9. **Other Instructions**: Write any order instructions here, such as, call/fax report.
10. **Test Order Section**: Place a (X) next to the water test(s) to be performed on the water sample. If ordering a Lead test, be sure to write the time collected for the 1<sup>st</sup> and 2<sup>nd</sup> draw collection in the area provided.

# WATER TEST REQUEST



3728881

WATER QUALITY LABORATORY  
 175 College Street, Battle Creek, MI 49037  
 Ph: (269) 969-6161 or 1-800-968-3251  
 LIC#USEPA MI0177

-----  
 A COMPLETED TEST REQUEST MUST ACCOMPANY EACH WATER SAMPLE  
 -----

AGENCY NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 Attn: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SAMPLE ADDRESS: \_\_\_\_\_

COLLECTION DATE: \_\_\_\_\_ COLLECTION TIME: \_\_\_\_\_ SAMPLE SOURCE: \_\_\_\_\_

COLLECTOR'S NAME: \_\_\_\_\_

SAMPLE INFORMATION (INDICATE ONE ONLY): SOFTENED: Y / N \_\_\_\_\_ POST-CHLORINATION

OTHER COMMENTS: \_\_\_Evaluation \_\_\_Well Final \_\_\_Retest \_\_\_Other: \_\_\_\_\_

OTHER INSTRUCTIONS: \_\_\_\_\_  
 -----

X TEST	CODE#	TEST NAME	REQUIRED KIT	COST
_____	6650	WATER PROFILE I (Coliform P/A, Nitrate)	120 ML STERILE 4-INCH SPECIMEN CONTAINER/SCREW TOP	_____
_____	6660	COLIFORM, P/A	120 ML STERILE 4-INCH SPECIMEN CONTAINER/SCREW TOP	_____
_____	6661	NITRATE	120 ML STERILE 4-INCH SPECIMEN CONTAINER/SCREW TOP	_____
_____	6170	COLIFORM, QUANTITATION	120 ML STERILE 4-INCH SPECIMEN CONTAINER/SCREW TOP	_____
_____	6334	POOL COLIFORM, QUANTITATION	100 ML WHIRL-PAK BAG WITH SODIUM THIOSULFATE TABLET.	_____
_____	6656	SURFACE WATER-E. COLI	120 ML STERILE 4-INCH SPECIMEN CONTAINER/SCREW TOP	_____
_____	6061	ARSENIC	50 ML CONICAL WATER TUBE	_____
_____	6663	LEAD	50 ML CONICAL WATER TUBE	_____
_____	6662	NITRITE	50 ML CONICAL WATER TUBE	_____

Note: The Whirl-pak bag, sodium thio-sulfate tablet, may be required for the coliform test, depending upon the water treatment.

PLEASE REFER TO CURRENT FEE SCHEDULE

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 Collection Agency Use Only  
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Sanitarian Instructions: Meet: \_\_\_\_\_ Phone: \_\_\_\_\_

Collect: \_\_\_\_\_ Coliform only:  
 3728881 FIN: 3728881 FIN: 3728881 3728881  
 UPI: A110188 UPI: A110188 (Slide)  
 ETN: 3728881 ETN: 3728881 3728881

## SUPPLY ORDER FORM COMPLETION

1. **Account Name:** Print the name of your account here.
2. **Ordered By:** Print the name of the person ordering supplies here.
3. **Date:** Print the date you are placing the supply order.
4. **Quan.:** Write the number of supplies you need next to the Type of Container per supply.
5. **Submit Fax Water Supply Order Form:** Fax your order to the WQL Purchasing Department at 269-969-8791 or return via RML Courier.
6. Please, NO PHONE ORDERS and ALLOW TWO DAYS FOR DELIVERY OF SUPPLIES!

## FAX WATER SUPPLY ORDER FORM

**RML**

*Regional Medical Laboratories, Inc.*  
**FAX WATER SUPPLY ORDER FORM**

FAX ORDER TO 269-969-8791 OR RETURN VIA RML COURIER.  
 (PLEASE, NO PHONE ORDERS AND ALLOW TWO DAYS FOR DELIVERY OF SUPPLIES)

Account Name: _____	Ordered By: _____	Date: _____
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STORE AT ROOM TEMPERATURE UNLESS NOTED (\*)

### COLLECTION CONTAINERS

Quan.	Type of Container	Tests
_____	120 ml Sterile 4-inch specimen container/screw top ..... each	Water Profile 1 (6660-Coliform (P/A) 6662-Nitrate) Coliform (P/A) only Nitrate only Surface Water – E-Coli.
_____	Whirl bag with Thio/pill ..... each	Coliform (M/F) Pool
_____	50 ml conical tubes ..... each	Arsenic/Lead/Nitrite

### FORMS

\_\_\_\_\_ WQL Water Test Request Order Forms ..... each

### MISCELLANEOUS

\_\_\_\_\_ Specimen Transport Bags ..... pkg/25

\_\_\_\_\_ Freezer Ice Packs (\*Place in freezer overnight prior to using to insure frozen state.) each

\_\_\_\_\_ Foam Shipping Container ..... each

◆ **RML USE ONLY** ◆

RML Received via <input type="checkbox"/> FAX <input type="checkbox"/> Courier	Initials: _____	These items received will be used specifically for collection of specimens that are sent to RML, Inc.
Delivered by (Courier name): _____	Name of Account Staff Received (Please print full name): _____	
Delivered Date: _____	Date Account Received: _____	

***THESE SUPPLIES MUST BE USED SOLELY FOR COLLECTION OF RML SPECIMENS***