



Chain of Custody Form: Test Requests

SPL ID: **1802-00464**

Client Information		Sampling Information		Report Contact Information
Account Number 2318	P.O. Number 3226-4019	Project Identif or (Name or Number) LEGIONELLA TESTING		Report Contact Larry Tilton
Submitting Company Albany Memorial Hospital		Sampled by Thomas Tule / SW		Phone (518)471-3015
Address 600 Northern Boulevard		Date Collected (Required) 2/20/18		E l lawrence.tilton@sphp.com
City, State, Zip Albany, NY 12204		# of Samples* 12	From State of New York? Yes <input checked="" type="radio"/> No <input type="radio"/>	Is primary biocide for cooling tower an oxidizing agent? Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> No Biocide <input type="radio"/>

Test Codes Volumes: 120 ml required for all tests; 500 ml for Waterborne Pathogens Panel

100 Waterborne Pathogens Panel	107 Coliforms: <i>E. coli</i> and Total (quantitative)	113 Acid Producing Bacteria
101 <i>Legionella</i> Culture	108 NTM Culture (presence-absence)	116 Anaerobic Plate Count
102 <i>Pseudomonas aeruginosa</i>	408 NTM ID (DNA sequencing)	124 qPCR — <i>L.pneumophila</i>
103 Heterotrophic Plate Count (HPC)	109 Iron Related Bacteria	201 Copper / Silver Analysis
104 <i>Stenotrophomonas maltophilia</i>	110 Sulfate Reducing Bacteria	301 Molecular Typing
105 <i>Acinetobacter spp.</i>	111 Slime Forming Bacteria	401 <i>Legionella</i> Serotyping of Isolates
106 Coliforms: <i>E. coli</i> and Total (presence-absence)	112 Nitrifying Bacteria	Other

Sample Information

Sample No.	Sample Description Specific location, source or site	Sample Type W=Water S=Swab O=Other	Test Codes (1 code per box)			Time Collected (Required for compliance testing hr:min)	SPL USE ONLY	
							Acceptable?	Comments
1	5 SOUTH	W	1	0	1	7:50	Y	N
2	5 NORTH	W	1	0	1	7:56	Y	N
3	4 SOUTH	W	1	0	1	8:02	Y	N
4	4 NORTH	W	1	0	1	8:10	Y	N
5	4 CCD 438-02	W	1	0	1	8:20	Y	N
6	4 CCD 440-01	W	1	0	1	8:28	Y	N
7	3 NORTH	W	1	0	1	8:36	Y	N
8	EXAM RM 2	W	1	0	1	8:48	Y	N
9	2 NORTH	W	1	0	1	8:54	Y	N
10	2 SOUTH	W	1	0	1	9:02	Y	N

Relinquished by _____ Date _____ Time _____ Received by **DT** Date **2/21/18**



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Submitting Company Albany Memorial Hospital		Sampled by Thomas Paule / JW		Phone (518)471-3015
Address 600 Northern Boulevard		Date Collected (Required) 2/20/18		E lawrence.tilton@sphp.com
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							Acceptable?	Comments
11	ED CENTER	W	1	0	1	9:10	Y	N
12	SG	W	1	0	1	9:14	Y	N
							Y	N
							Y	N
							Y	N
							Y	N
							Y	N
							Y	N
							Y	N

Relinquished by	Date	Time	Received by	Date
			JW	2/20/18