



**Chain of Custody Form: Test Requests**

MAR 7 '18 11:18

SPL ID: 1803-00174

Client Information		Sampling Information		Report Contact Information
Account Number: 2318	P.O. Number: 3226-4019	Project Identifier (Name or Number): WATER SAMPLES FOR LEGIONELLA TESTING		Report Contact: Larry Tilton
Submitting Company: Albany Memorial Hospital		Sampled by: Tom Poole		Phone: (518)471-3015
Address: 600 Northern Boulevard		Date Collected (Required): 3/6/18		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 SINK	W	1	0	1	0730	Y	N
2	5 NORTH SHOWER	W	1	0	1	0741	Y	N
3	3 SOUTH EX RM 2	W	1	0	1	0751	Y	N
4	3 NORTH SINK	W	1	0	1	0803	Y	N
5	4 SOUTH SINK	W	1	0	1	0815	Y	N
6	4 NORTH SHOWER	W	1	0	1	0820	Y	N
7	4 CCD 438.02	W	1	0	1	0830	Y	N
8	4 CCD 440.01	W	1	0	1	0832	Y	N
9	2 NORTH SINK	W	1	0	1	0840	Y	N
10	2 SOUTH SHOWER	W	1	0	1	0850	Y	N

Relinquished by	Date	Time	Received by	Date
			AL	3/7



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							Acceptable?	Comments
11	ED ACCESS FROM CX RM 3	W	1	0	1	0905	Y N	
12	SG RETURNS	W	1	0	1	0910	Y N	
							Y N	
							Y N	
							Y N	
							Y N	
							Y N	
							Y N	
							Y N	

Relinquished by	Date	Time	Received by	Date
			AL	3/7