

JUN 28 '18 AM 11:35

Chain of Custody Form: Test Requests

SPL ID: 1806-00904

Client Information		Sampling Information		Report Contact Information
Account Number: 2318	P.O. Number: 3226-4019	Project Identifier (Name or Number): WATER SAMPLES FOR COPPER LEVELS		Report Contact: Larry Tilton
Submitting Company: Albany Memorial Hospital		Sampled by: Tom Poole		Phone: (518)471-3015
Address: 600 Northern Boulevard		Date Collected: (Required) 6/23 2018		Email: LTilton@stpetershealthcare.org
City, State, Zip: Albany, NY 12204		# of Samples*	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
<i>Acinetobacter spp.</i>	111 Slime Forming Bacteria	401 <i>Legionella</i> Serotyping of Isolates
100 Coliforms: <i>E. coli</i> and Total (presence-absence)	112 Nitrifying Bacteria	Other

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	
			201 for all samples also -CH				Acceptable?	Comments
1	5-NORTH	W	1	0	1	0740	Y	N
2	5-SOUTH	W	1	0	1	0745	Y	N
3	4-NORTH	W	1	0	1	0800	Y	N
4	4-SOUTH	W	1	0	1	0805	Y	N
5	4-CCD 438.02	W	1	0	1	0815	Y	N
6	4-CCD 440.01	W	1	0	1	0820	Y	N
7	2-NORTH	W	1	0	1	0825	Y	N
8	2-SOUTH	W	1	0	1	0830	Y	N
9	ED- EX 3	W	1	0	1	0838	Y	N
10	ST RETURN	W	1	0	1	0845	Y	N

Relinquished by	Date	Time	Received by	Date
			CHAWM	6/28/18

*Sample bottles provided upon request