



Chain of Custody Form: Test Requests

SPL ID: 1807-00237

JUL 11 '18 11:17

Client Information		Sampling Information		Report Contact Information	
Account Number: 2318	P.O. Number: 3226-4019	Project Identifier (Name or Number): Legionella	Report Contact: Larry Tilton		
Submitting Company: Albany Memorial Hospital		Sampled by: Kevin M	Phone: (518)471-3015		
Address: 600 Northern Boulevard		Date Collected (Required): 7/10/18	Email: LTilton@stpetershealthcare.org		
City, State, Zip: Albany, NY 12204		# of Samples: 2	From State of New York? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is primary biocide for cooling tower an oxidizing agent? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> No Biocide <input type="checkbox"/>	

Test Codes			Volumes: 120 ml required for all tests; 500 ml for Waterborne Pathogens Panel		
100 Waterborne Pathogens Panel	107 Coliforms: E. coli and Total (quantitative)	113 Acid Producing Bacteria			
101 Legionella Culture	108 NTM Culture (presence-absence)	116 Anaerobic Plate Count			
102 Pseudomonas aeruginosa	408 NTM ID (DNA sequencing)	124 qPCR -- Lpneumophila			
103 Heterotrophic Plate Count (HPC)	109 Iron Related Bacteria	201 Copper / Silver Analysis			
104 Stenotrophomonas maltophilia	110 Sulfate Reducing Bacteria	301 Molecular Typing			
105 Acinetobacter spp.	111 Slime Forming Bacteria	401 Legionella Serotyping of Isolates			
106 Coliforms: E. coli 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 h:mm)	SPL USE ONLY	
							Acceptable?	Comments
1	DR LOT	W	1	0	1	mm	<input checked="" type="checkbox"/> Y	
2	MOR BUILDING	W	1	0	1		<input checked="" type="checkbox"/> Y	
							<input type="checkbox"/> Y	
							<input type="checkbox"/> Y	
							<input type="checkbox"/> Y	
							<input type="checkbox"/> Y	
							<input type="checkbox"/> Y	
							<input type="checkbox"/> Y	
							<input type="checkbox"/> Y	

Relinquished by	Date	Time	Received by	Date
			Marisa Huns	7/11/18