

SEP 6 '18 AM 8:12

Chain of Custody Form: Test Requests

SPL ID: 1809-00083

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: THOMAS POOLE	Phone: (518)471-3015		
Address: 600 Northern Boulevard		Date Collected: (Required) 9/15 2018	Email: lawrence.tilton@sphp.com		
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: 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 - L.pneumophila			
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							SPL USE ONLY	
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)	Acceptable?	Comments
1	MOB - COOLING TOWER	W	1	0	1	10:00	Y	Ic
2	MAIN COOLING TOWER	W	1	0	1	10:05	Y	
3	5N - SHOWER	W	1	0	1	10:15	Y	
4	5S - SINK	W	1	0	1	10:20	Y	
5	4N - SHOWER	W	1	0	1	10:25	Y	
6	4S - SINK	W	1	0	1	10:30	Y	
7	4CED 438.01	W	1	0	1	10:35	Y	
8	4CED 440.01	W	1	0	1	10:40	Y	
9	3N - SINK	W	1	0	1	10:45	Y	
10	3S - EX RM 7	W	1	0	1	10:50	Y	

Relinquished by	Date	Time	Received by	Date
				9-6-18

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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			

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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
11	2N-SINK	W	1	0	1	1055	Y	TC
12	ED XE3	W	1	0	1	11:00	Y	N
							Y	N
							Y	N
							Y	N
							Y	N
							Y	N
							Y	N
							Y	N
							Y	N

Relinquished by	Date	Time	Received by	Date
				9-6