

DEC 1 '18 AM 10:24

Chain of Custody Form: Test Requests

SPL ID: 1812-00016

Client Information		Sampling Information		Report Contact Information	
Account Number: 2318	P.O. Number: 3226-4019	Project Identifier (Name or Number): water samples for copper/silver	Report Contact: Larry Tilton		
Submitting Company: Albany Memorial Hospital	Sampled by: J. WISENBURN		Phone: (518)471-3015		
Address: 600 Northern Boulevard	Date Collected: (Required) 11/27/18		Email: LTilton@stpetershealthcare.org		
City, State, Zip: Albany, NY 12204	# of Samples*: 10	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: <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	4N SHOWER	W	2	0	1		Y	N
2	4S SINK	W	2	0	1		Y	N
3	5S SINK	W	2	0	1		Y	N
4	5N SHOWER	W	2	0	1		Y	N
5	CCD 440-01	W	2	0	1		Y	N
6	CCD 438-01	W	2	0	1		Y	N
7	3S EX RM 7	W	2	0	1		Y	N
8	3N SINK	W	2	0	1		Y	N
9	EDXE7	W	2	0	1		Y	N
10	2N SINK	W	2	0	1		Y	N

Relinquished by _____ Date _____ Time _____ Received by _____ Date _____

[Signature] 12/1/18