

Chain of Custody Form: Test Requests

PG 1-2

DEC 18 18 AM 10:47

SPL ID: 1812-00219

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 R. POOLE		Phone: (518)471-3015
Address: 600 Northern Boulevard		Date Collected: (Required) 12/12 2018		Email: 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)
101 <i>Legionella</i> Culture	108 NTM Culture (presence-absence)
102 <i>Pseudomonas aeruginosa</i>	408 NTM ID (DNA sequencing)
103 Heterotrophic Plate Count (HPC)	109 Iron Related Bacteria
104 <i>Stenotrophomonas maltophilia</i>	110 Sulfate Reducing Bacteria
105 <i>Acinetobacter</i> spp.	111 Slime Forming Bacteria
106 Coliforms: <i>E. coli</i> and Total (presence-absence)	112 Nitrifying Bacteria
	113 Acid Producing Bacteria
	116 Anaerobic Plate Count
	124 qPCR — <i>L.pneumophila</i>
	201 Copper / Silver Analysis
	301 Molecular Typing
	401 <i>Legionella</i> Serotyping of Isolates
	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	6 th FL - 619	W	1	0	1	0755	Y	OK NP
2	6 th FL - WR	W	1	0	1	0805	Y	N
3	4N - SHOWER	W	1	0	1	0810	Y	N
4	4S - COR SINK	W	1	0	1	0818	Y	N
5	4. CCD - 438.01	W	1	0	1	0825	Y	N
6	4- CCD - 440.01	W	1	0	1	0832	Y	N
7	3N - COR SINK	W	1	0	1	0840	Y	N
8	3S - EX RM 1	W	1	0	1	0845	Y	N
9	2N - COR SINK	W	1	0	1	0855	Y	N
10	ED XR 16	W	1	0	1	0905	Y	N

Relinquished by	Date	Time	Received by	Date
			Emily Agnara	12/13

Chain of Custody Form: Test Requests

Pg 2-2

SPL ID: 1813-00291

DEC 19 10 AM 10:47

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 R. POOLE		Phone (518)471-3015
Address 600 Northern Boulevard		Date Collected (Required) 12/12 2018		Email LTilton@stpetershealthcare.org
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? Y N	Comments
11	SG RETURN	W	1	0	1	0910	Y N	MP
12	MAIN CT	W	1	0	1	1000	Y N	
							Y N	
							Y N	
							Y N	
							Y N	
							Y N	
							Y N	
							Y N	

Relinquished by	Date	Time	Received by	Date
			Emily Agnaro	12/13