

FEB 27 '19 AM 8:00

Chain of Custody Form: Test Requests

SPL ID: 19102-09487

Client Information		Sampling Information		Report Contact Information	
Account Number: 2318	P.O. Number: 3226-4019	Project Identifier (Name or Number): COPPER/SILVER		Report Contact: Larry Tilton	
Submitting Company: Albany Memorial Hospital		Sampled by: Tom Poole		Phone: (518)471-3015	
Address: 600 Northern Boulevard		Date Collected: (Required) 2/26 2019		Email: lawrence.tilton@sphp.com	
City, State, Zip: Albany, NY 12204		# of Samples*: 10	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 Legionella Culture	108 NTM Culture (presence-absence)	116 Anaerobic Plate Count
102 Pseudomonas aeruginosa	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 Stenotrophomonas maltophilia	110 Sulfate Reducing Bacteria	301 Molecular Typing
105 Acinetobacter spp.	111 Slime Forming Bacteria	401 Legionella 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	R14 619	W	2	0	1	0740	Y	N
2	6 th FL WR	W	2	0	1	0750	Y	N
3	4 th FL N SHOWER	W	2	0	1	0756	Y	N
4	4S- SINK	W	2	0	1	0800	Y	N
5	4 CCD 438-01	W	2	0	1	0810	Y	N
6	4 CCD 440-01	W	2	0	1	0820	Y	N
7	3N- SINK	W	2	0	1	0830	Y	N
8	3S- EX RM 2	W	2	0	1	0840	Y	N
9	2N- SINK	W	2	0	1	0850	Y	N
10	EO X RM 16	W	2	0	1	0910	Y	N

Relinquished by	Date	Time	Received by	Date
			<i>[Signature]</i>	2-27-19