

MAR 14 '19 AM 7:57

**Chain of Custody Form: Test Requests**

SPL ID: 1013-11377

Client Information		Sampling Information		Report Contact Information	
Account Number: 2318	P.O. Number: 3226-4019	Project Identifier (Name or Number): LEGIONELLA TESTING	Report Contact: Larry Tilton		
Submitting Company: Albany Memorial Hospital		Sampled by: Tom Poole	Phone: (518)471-3015		
Address: 600 Northern Boulevard		Date Collected: (Required) 3/13 2019	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)	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	6N-RM 619	W	1	0	1	08:00	Y	N
2	6 <sup>th</sup> FL WR	W	1	0	1	08:10	Y	N
3	4N-RM 424	W	1	0	1	08:15	Y	N
4	4S-SINK	W	1	0	1	08:20	Y	N
5	4CCD-438.01	W	1	0	1	08:30	Y	N
6	4CCD-440.01	W	1	0	1	08:35	Y	N
7	3N-SINK	W	1	0	1	08:45	Y	N
8	3S-EX RM 2	W	1	0	1	08:50	Y	N
9	2N-SINK	W	1	0	1	08:58	Y	N
10	2S-SINK	W	1	0	1	09:05	Y	N

Relinquished by	Date	Time	Received by	Date
			<i>[Signature]</i>	3/14

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**Chain of Custody Form: Test Requests**

SPL ID: 1903-00387

Client Information		Sampling Information		Report Contact Information	
Account Number: 2318	P.O. Number: 3226-4019	Project Identifier (Name or Number): LEGIONELLA TESTING	Report Contact: Larry Tilton		
Submitting Company: Albany Memorial Hospital		Sampled by: Tom Poole	Phone: (518)471-3015		
Address: 600 Northern Boulevard		Date Collected: (Required) 3/13 2019	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)	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							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
11	ED X RM 16	W	1	0	1	09:10	Y	CH
12	MAIN CT	W	1	0	1	10:00	Y	
							Y	N
							Y	N
							Y	N
							Y	N
							Y	N
							Y	N
							Y	N

Relinquished by	Date	Time	Received by	Date
			<i>Alm...</i>	3/14