

Chain of Custody: Test Request Form

SPL ID: 2002-00669

Client Information

Account Number (Required)

P.O. Number

Submitting Company

2318

3226-4019

Albany Memorial Hospital

Sampling Contact

Name

THOMAS POCKE

Phone

518 471 3619

Email

Thomas.Pocke@SHPA.com

Sample Information

Project Identifier (Name or Number)

Copper / SILVER

Sampled by: (Required)

TRP

Date Collected: (Required)

2/26/2020

Number of Samples

10

Sample from NY or Conn.?

Yes No If no, what state?

Is chlorine the primary biocide? (Required)

Potable water: Yes No Nonpotable water: Yes No

Compliance?

Yes No If yes, enter PWSID:

Case investigation?

Yes No

Sample No./ Location ID	Sample Description Specific location, source or site	Sample Type W=Water L=Ice S=Swab O=Other	Test Codes (1 code per box)	Time Collected (hr:min)	SPL USE ONLY	
					Accepter	Temperature Comments
1	LN - RY 619	W	0 1	0800	20	20
2	6W - WR	W	2 0	0805	20	20
3	4W - SHOWER	W	2 0	0810	20	20
4	4S - OS	W	2 0	0815	20	20
5	4CED 438.01	W	2 0	0825	20	20
6	4CED 440.01	W	2 0	0830	20	20
7	3N OS	W	2 0	0835	20	20
8	3S - EX 2W 2	W	2 0	0840	20	20
9	2N - OS	W	2 0	0845	20	20
10	ED - X 2W 16	W	2 0	0855	20	20
Relinquished by			Date	Received by		Date
				Edmund Oberer		2/26/2020
				Muller		2/27/2020