



THE LEGIONELLA EXPERTS®
 1401 Forbes Ave., Suite 401 Pittsburgh, PA 15219
 P: 412-281-5335 F: 412-281-7445
 www.SpecialPathogenslab.com

Chain of Custody: Test Request Form

SPL ID: 2003-00094

Client Information

Account Number (Required) **2318**
 P.O. Number **3226-4019**
 Submitting Company **Albany Memorial Hospital**

Sampling Contact

Name **THOMAS TOUCE**
 Phone **518 471 3619**
 Email **Thomas.Touce@SHPA.com**

Sample Information

Project Identifier (Name or Number) **TRP**
 Sampled by: (Required) **TRP**
 Date Collected: (Required) **3/4**
 Number of Samples **12**

Samples from NY or Conn.?
 Yes No If no, what state?
 Is chlorinate the primary biocide? (Required)
 Yes No
 Potable water: Yes No Nonpotable water: Yes No
 Compliance?
 Yes No
 If yes, enter PWSID:

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				
			Y	N		Acceptable? (Y/N)	Temperature (°C)	Comments		
1	LN-619	W	1	0	1	0745	8:00 p.m.	Y	N	
2	6W-WR	W	1	0	1	0750	8:00 p.m.	Y	N	
3	4N-SHOWER	W	1	0	1	0755	8:00 p.m.	Y	N	
4	4S-ES	W	1	0	1	0757	8:00 p.m.	Y	N	
5	YEDD 440.01 438.01	W	1	0	1	0801	8:00 p.m.	Y	N	
6	YEDD 440.01	W	1	0	1	0805	8:00 p.m.	Y	N	
7	3N-ES	W	1	0	1	0805	8:00 p.m.	Y	N	
8	3S-ERW2	W	1	0	1	0805	8:00 p.m.	Y	N	
9	25-ES	W	1	0	1	0810	8:00 p.m.	Y	N	
10	E0 X RW 16	W	1	0	1	0815	8:00 p.m.	Y	N	

Relinquished by _____ Date _____
 Received by **Colmestok** Date **3/5/2020**
Michelle Drury

