



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

MAR 26 '20 AM 9:14

**Chain of Custody: Test Request Form**

SPL ID: 2003-00567

**Client Information**

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

**Sampling Contact**

Name **THOMAS BOCK** Phone **578 471 3619**  
 Email **Thomas.Bock@SAMP.com**

**Sample Information**

Project Identifier (Name or Number) **ROCKE SIVER** Sampled by: (Required) **TRP**  
 Date Collected: (Required) **3/25/2020** Number of Samples **10**

Samples from NY or Conn.?  Yes  No If no, what state?  Yes  No  
 Is chlorine the primary biocide? (Required)  Yes  No 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	
					Acceptable?	Temperature Comments
1	6N-619	W	0 1	0810 <del>am</del> p.m.	Y	N
2	6W-10/2	W	0 1	0815 <del>am</del> p.m.	Y	N
3	4N-SHOWER	W	0 1	0810 <del>am</del> p.m.	Y	N
4	4S-C5	W	0 1	0815 <del>am</del> p.m.	Y	N
5	4 CED-438.01	W	0 1	0820 <del>am</del> p.m.	Y	N
6	4 CED-440.01	W	0 1	0825 <del>am</del> p.m.	Y	N
7	3N-C5	W	0 1	0830 <del>am</del> p.m.	Y	N
8	3S-EX RM 2	W	0 1	0835 <del>am</del> p.m.	Y	N
9	2N-C5	W	0 1	0840 <del>am</del> p.m.	Y	N
10	ED-XRM 16	W	0 1	0845 <del>am</del> p.m.	Y	N

Relinquished by \_\_\_\_\_ Date \_\_\_\_\_ Received by \_\_\_\_\_ Date \_\_\_\_\_  
 Time \_\_\_\_\_ Time \_\_\_\_\_

*[Signatures]*