



1401 Forbes Ave., Suite 401 Pittsburgh, PA 15217
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 www.SpecialPathogenSlab.com

MM 120 AM8:55

Chain of Custody: Test Request Form

SPL ID: 2005-00025

Client Information
 Account Number (Required) 2318
 P.O. Number 3226-4019
 Submitting Company Albany Memorial Hospital
 Name THOMAS TOBAC
 Phone 518 471 3619
 Email THOMAS.TOBAC@SMH.PA.COM

Sample Information
 Project Identifier (Name or Number) POWELL SURVEIL
 Is chlorinate the primary biocide? Yes No
 Potable water: Yes No
 Nonpotable water: Yes No
 Compliance? Yes No
 If yes, enter PWSID: _____
 Date Collected: (Required) 4/29/2020
 Number of Samples 10
 Case investigation? Yes No

Sample No./ Location ID	Sample Description Specific location, source or site	Sample Type W=Water L=Leice S=Swab O=Other	Test Codes (1 code per box)			Time Collected (hr:min)	Acceptable?	Temperature	Comments
			W	L	S				
1	6N-619	W	2	0	1	0750 a.m. p.m.	Y	N	
2	6-WDR	W	2	0	1	0755 a.m. p.m.	Y	N	
3	4N-SHOWLER	W	2	0	1	0805 a.m. p.m.	Y	N	
4	4S-CS	W	2	0	1	0808 a.m. p.m.	Y	N	
5	4CED 438.01	W	2	0	1	0812 a.m. p.m.	Y	N	
6	4CED 440.01	W	2	0	1	0815 a.m. p.m.	Y	N	
7	3N-CS	W	2	0	1	0820 a.m. p.m.	Y	N	
8	3S-RY RM 2	W	2	0	1	0825 a.m. p.m.	Y	N	
9	2N-CS	W	2	0	1	0830 a.m. p.m.	Y	N	
10	ED EX RM 16	W	2	0	1	0835 a.m. p.m.	Y	N	

Relinquished by _____ Date _____
 Received by _____ Date 5/11/20
 Time _____