



Chain of Custody: Test Request Form

SPL ID: 2005-00832

MM/DD/YYYY

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

Sampling Contact
 Name: TOWN POOLE
 Phone: 471-3619
 Email: Thomas.Poole@stpetershealthcare.com

Sample Information

Project Identifier (Name or Number): COPPER/SILVER
 Samples 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:
 Date Collected (Required): 5/28/20
 Number of Samples: 10
 Case Investigation?
 Yes No

Sample No./ Location ID	Sample Description Specific location, source or site	Sample Type W=Water F=Filter S=Swab O=Other	Test Codes (1 code per box)	Time Collected (hr:min)	SPL USE ONLY	
					Acceptable?	Temperature
1	6th North 619	W	0 1	8:08 a.m.	Y	N
2	6 West waiting rm	W	0 1	8:05 a.m.	Y	N
3	4th fl corridor shower	W	0 1	8:13 a.m.	Y	N
4	4th fl south hall sink	W	0 1	8:18 a.m.	Y	N
5	4CED 4138-01	W	0 1	8:22 a.m.	Y	N
6	4CED 440-01	W	0 1	8:25 a.m.	Y	N
7	3 South Hall sink	W	0 1	8:29 a.m.	Y	N
8	3 North Hall sink	W	0 1	8:33 a.m.	Y	N
9	2 North Hall sink	W	0 1	8:37 a.m.	Y	N
10	ED ex rm 1b	W	0 1	4:48 a.m.	Y	N

Relinquished by: _____ Date: 5/29
 Received by: C. HAWKINS Date: 5/29/20