SPECIAL PATHOGENS LABORATORY®

THE LEGIONELLA EXPERTS®
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Chain of Custody: Test Request Form

JUN 4 '20 AM8:59

SPL ID: 2006-0039

Client Information			Sampling Contact	
Account Number (Required): 2318	P.O. Number: 3226-4019	Submitting Company: Albany Memorial Hospital	Name: THOMAS POOLE	
			Phone: 518 471 3619	Email: THOMAS.POOLE@SPHP.COM

Sample Information

Project Identifier (Name or Number)	Sampled by: (Required)	Date Collected: (Required)	Number of Samples
LEGIONELLA CT'S	TRP	6/3 2020	2

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

Sample No./ Location ID	Sample Description Specific location, source or site	Sample Type W=Water I=Ice S=Swab O=Other	Test Codes (1 code per box)	Time Collected (hr:min)	SPL USE ONLY Acceptable?	Temperature	Comments
1	MAIN CT	W	CH 1 0 1	0830 a.m./p.m.	Y N		~~residual chlorine detected~~
2	MOB CT	W	1 0 1	0840 a.m./p.m.	Y N		residual chlorine detected
				a.m./p.m.	Y N		
				a.m./p.m.	Y N		
				a.m./p.m.	Y N		
				a.m./p.m.	Y N		
				a.m./p.m.	Y N		
				a.m./p.m.	Y N		
				a.m./p.m.	Y N		
				a.m./p.m.	Y N		

Relinquished by	Date	Time	Received by	Date	Time
			Nicholas	6/4/2020	
			C Hauptman	6/4/20	