



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: 2007-01130

JUL 30 20 09 25

Client Information

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

Sampling Contact

Name **THOMAS TOUCHE** Phone **518 471 3619**
 Email **THOMAS.TOUCHE@SHPA.COM**

Sample Information

Project Identifier (Name or Number) **TRP** Sampled by: (Required) **TRP**
 Date Collected: (Required) **7/29/2020** Number of Samples **10**

Samples from NY or Conn? Yes No If no, what state? _____
 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 I=Ice S=swab O=Other	Test Codes (1 code per box)	Time Collected (hr:min)	SPL USE ONLY		
					Acceptable?	Temperature	Comments
1	6N RH 619	W	1	0730 a.m.	Y		
2	6W W/R	W	2	0738 a.m.	Y		
3	4N SHOWER	W	2	0740 a.m.	Y		
4	4S CS	W	2	0745 a.m.	Y		
5	4CCD 438.01	W	2	0750 a.m.	Y		
6	4CCD 440.01	W	2	0755 a.m.	Y		
7	3N CS	W	2	0820 a.m.	Y		
8	3S EX RH 2	W	2	0818 a.m.	Y		
9	2N CS	W	2	0815 a.m.	Y		
10	ED X RH 16	W	2	0826 a.m.	Y		

Relinquished by _____ Date _____ Received by **Wm D** Date **7/30** Time _____