



Chain of Custody: Test Request Form

PL ID: 2008-60274

AUG 7 '20 AM 9:49

Client Information		Submitting Company		Sampling Contact			
Account Number (Required)	P.O. Number	Albany Memorial Hospital		Name	THOMAS TOUCE		
2318	3226-4019			Phone	518 471 3619		
Sample Information		Sampled by: (Required)		Date Collected (Required)	Number of Samples		
Project Identifier (Name or Number)		TRP / KM		8/6/2020	2		
LEAGNERA		Is chlorinate the primary biocide? (Required)		Case investigation?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If no, what state? <input type="checkbox"/> Potable water: <input type="checkbox"/> Yes <input type="checkbox"/> No Nonpotable water: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter PWSID:		Compliance?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter PWSID:			
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)	Acceptable?	Temperature	Comments
1	MAIN CT	W	1 0 1	0748 a.m./p.m.	Y N		
2	MOB CT	W	1 0 1	0755 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		
				a.m./p.m.	Y N		
Relinquished by	Date	Time	Received by	Date	Time		
			Natasha WMB	8/7/20			