

412-272-0410-32

Chain of Custody: Test Request Form

SPL ID: 2006-01199

Client Information

Account Number (Required)

2318

P.O. Number
3226
-4019

Submitting Company

Albany Memorial Hospital

Sampling Contact

Name
Thomas Poole

Phone
18-471-3619

Email

Thomas.Poole@sphp.com

Sample Information

Project Identifier (Name or Number)

Copper / Silver Testing

Sampled by: (Required)

Tom Poole

Date Collected (Required)

08/26/20

Number of Samples

10

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:

Case investigation?

Yes No

Sample No./ Location ID

Sample Description
Specific location, source or site

Sample Type
W=Water/Lice
S=Swab O=Other

Test Codes
(1 code per box)

Time Collected
(hr:min)

Acceptable?

Temperature

SPL USE ONLY
Comments

1	6N-BM 619	W	2	0	1	0730	am p.m.	Y	N		
2	6N-W/2	W	2	0	1	0735	am p.m.	Y	N		
3	4N-SHOWER	W	2	0	1	0745	am p.m.	Y	N		
4	4S-C5	W	2	0	1	0750	am p.m.	Y	N		
5	4E0-438.01	W	2	0	1	0756	am p.m.	Y	N		
6	4E0-440.01	W	2	0	1	0801	am p.m.	Y	N		
7	3N-C5	W	2	0	1	0805	am p.m.	Y	N		
8	3S-EXRMZ	W	2	0	1	0810	am p.m.	Y	N		
9	2N-C5	W	2	0	1	0815	am p.m.	Y	N		
10	ED x BY 16	W	2	0	1	0820	am p.m.	Y	N		

Relinquished by

Date

Time

Received by

Date

Time

TM

8/27/20