



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: 2009-00520

Client Information

Account Number (Required)

2318

P.O. Number

3226-4019

Submitting Company

Albany Memorial Hospital

Sampling Contact

Name

John Wisenburn / Tom Bell

Phone

471-3619

Email

John.Wisenburn@SPHPC.com

Sample Information

Project Identifier (Name or Number)

Legionella water samples

Sampled by: (Required)

John Wisenburn

Date Collected: (Required)

9/10/20

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 L=Line S=Swab O=Other	Test Codes (1 code per box)	Time Collected (hr:min)	SPL USE ONLY		Number of Samples
					Acceptable?	Temperature	
1	6M RM 619	W	0 1	7:00 a.m. p.m.	Y	N	
2	6-WD/R	W	0 1	7:10 a.m. p.m.	Y	N	
3	4CCD-410-01	W	0 1	7:28 a.m. p.m.	Y	N	
4	4CCD 438-01	W	0 1	7:25 a.m. p.m.	Y	N	
5	4M-Showers	W	0 1	7:25 a.m. p.m.	Y	N	
6	4S CS	W	0 1	7:25 a.m. p.m.	Y	N	
7	3M-CS	W	0 1	7:25 a.m. p.m.	Y	N	
8	3S-EX RM 2	W	0 1	7:36 a.m. p.m.	Y	N	
9	2M-CS ^{SW}	W	0 1	7:40 a.m. p.m.	Y	N	
10	ED S Nurse station	W	0 1	7:45 a.m. p.m.	Y	N	

Relinquished by

Date

Time

Received by

Date

Time

Nettlu

W/B

9/11/20