PATHOGENS LABORATORY

THE LEGIONELLA EXPERTS®
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Chain of Custody: Test Request Form

SPL ID: 2009-01069

Client Information

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

Sampling Contact

Name: THOMAS POOLE

Phone: 518 471 3619 Email: THOMAS.POOLE@SPHP.COM

Sample Information

Project Identifier (Name or Number):

Sampled by: (Required): TRP

Date Collected: (Required): 9/23 2020

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 I=Ice S=Swab O=Other	Test Codes (1 code per box)	Time Collected (hr:min)	SPL USE ONLY Acceptable?	Temperature	Comments
1	6N - 619	W	2 0 1	0700 a.m./p.m.	Y N		
2	6W - W12	W	2 0 1	0710 a.m./p.m.	Y N		
3	4N - 415	W	2 0 1	0715 a.m./p.m.	Y N		
4	4S - CS	W	2 0 1	0720 a.m./p.m.	Y N		
5	4CCD - 438.01	W	2 0 1	0725 a.m./p.m.	Y N		
6	4CCD - 440.01	W	2 0 1	0730 a.m./p.m.	Y N		
7	3N - CS	W	2 0 1	0735 a.m./p.m.	Y N		
8	3S - EX RM 2	W	2 0 1	0940 a.m./p.m.	Y N		
9	2N - CS	W	2 0 1	0750 a.m./p.m.	Y N		
10	ED - X RM 16	W	2 0 1	0800 a.m./p.m.	Y N		

Relinquished by	Date	Time	Received by	Date	Time
			[signature]	9/24/20	