



OCT 2 20 10:08

**Chain of Custody: Test Request Form**

SPL ID: 2010-0008 MW 00103

<b>Client Information</b>		<b>Submitting Company</b>		<b>Sampling Contact</b>	
Account Number (Required) <b>2318</b>	P.O. Number 3226-4019	Albany Memorial Hospital		Name <b>THOMAS TOUCÉ</b>	Number of Samples <b>20</b>
Project Identifier (Name or Number) <b>LEAGONBACH</b>		Sampled by: (Required) <b>TRP</b>		Date Collected: (Required) <b>10/1, 2020</b>	Case investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Samples from NY or Conn.? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what state?		Is chlorine the primary biocide? (Required) Potable water: <input type="checkbox"/> Yes <input type="checkbox"/> No Nonpotable water: <input type="checkbox"/> Yes <input type="checkbox"/> No		Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter PWSID:	
<b>Sample Information</b>	<b>Sample Description</b> Specific location, source or site		<b>Sample Type</b> W=Water   Ice S=Swab O=Other	<b>Test Codes</b> (1 code per box)	<b>Time Collected</b> (hr:min)
Sample No./ Location ID	Sample Description	Sample Type	Test Codes	Time Collected	Acceptable? Temperature Comments
1	6N-619	W	1 0 1	0545 a.m. p.m.	Y N
2	6W-WR	W	1 0 1	0548 a.m. p.m.	Y N
3	5N-515	W	1 0 1	0550 a.m. p.m.	Y N
4	5S-509	W	1 0 1	0553 a.m. p.m.	Y N
5	4W-415	W	1 0 1	0556 a.m. p.m.	Y N
6	4S-CS	W	1 0 1	0603 a.m. p.m.	Y N
7	4000-438.01	W	1 0 1	0610 a.m. p.m.	Y N
8	4000-440.01	W	1 0 1	0620 a.m. p.m.	Y N
9	3N-CS	W	1 0 1	0630 a.m. p.m.	Y N
10	3S-EX RM 2	W	1 0 1	0640 a.m. p.m.	Y N
Relinquished by		Date	Received by	Date	Time
				10/2/20	



**Chain of Custody: Test Request Form**

SPL ID: 2010-00103

OCT 2 20 10:08

<b>Client Information</b> Account Number (Required) <b>2318</b> P.O. Number <b>3226-4019</b> Submitting Company <b>Albany Memorial Hospital</b>		<b>Sampling Contact</b> Name <b>THOMAS TOUCE</b> Phone <b>518 471 3619</b> Email <b>THOMAS.TOUCHE@SPHP.COM</b>					
<b>Sample Information</b> Project Identifier (Name or Number) <b>LEGIONELLA</b> Samples from NY or Conn.? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what state?		Date Collected: (Required) <b>10/1/2020</b> Number of Samples <b>2020</b> Case investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is chlorinating the primary biocide? (Required) <input type="checkbox"/> Yes <input type="checkbox"/> No Potable water: <input type="checkbox"/> Yes <input type="checkbox"/> No Nonpotable water: <input type="checkbox"/> Yes <input type="checkbox"/> No Sampled by: (Required) <b>TRP</b>		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
11	2N-QS	W	1 0 1	0648 a.m. p.m.	Y N		
12	2S-QS	W	1 0 1	0650 a.m. p.m.	Y N		
13	ED-X 12M 16	W	1 0 1	0655 a.m. p.m.	Y N		
14	PUMP HOUSE CW MAIN	W	1 0 1	0700 a.m. p.m.	Y N		
15	PACU - CLEAN UTILITY	W	1 0 1	0705 a.m. p.m.	Y N		
16	OR - ARJ	W	1 0 1	0710 a.m. p.m.	Y N		
17	KITCHEN HOT SINK	W	1 0 1	0715 a.m. p.m.	Y N		
18	HOT WATER MAIN	W	1 0 1	0720 a.m. p.m.	Y N		
19	HW RETURN	W	1 0 1	0725 a.m. p.m.	Y N		
20	SG BATH ROOM	W	1 0 1	0730 a.m. p.m.	Y N		
Relinquished by		Date	Received by	Date	Time		
				10/1/20	7:30 AM		