



Chain of Custody: Test Request Form

SPL ID: 2010-01025

Client Information

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

Sampling Contact: **THOMAS FOOTE**
 Name: **THOMAS FOOTE**
 Phone: **518 471 3619**
 Email: **THOMAS.FOOTE@SPHP.ORG**

Sample Information

Project (Dispenser (Name or Number)): **Copper/Silver**
 Samples from NY or Conn.? Yes No If no, what state?
 Potable water: Yes No Nonpotable water: Yes No
 Compliance? Yes No If yes, enter PWSID:
 Date Collected (Required): **10/28/2020**
 Number of Samples: **10**
 Case Investigation? Yes No

Sample No./ Location ID	Sample Description Specific location, source or site	Sample Type W=Water F=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	0740	Y	N	
2	6N-WZ	W	2	0	1	0745	Y	N	
3	4N-CS	W	2	0	1	0750	Y	N	
4	4S-CS	W	2	0	1	0755	Y	N	
5	4-000-43801	W	2	0	1	0800	Y	N	
6	4-000-440A1	W	2	0	1	0805	Y	N	
7	3N-CS	W	2	0	1	0815	Y	N	
8	3S-EX 2M 2	W	2	0	1	0820	Y	N	
9	2N-CS	W	2	0	1	0830	Y	N	
10	ED-X-X2 DM 16	W	2	0	1	0840	Y	N	

Relinquished by: _____ Date: _____
 Received by: **Northam** **WML** Date: **10/29/20**