



THE LEGIONELLA EXPERTS®
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DEC 4 20 09:59

Chain of Custody: Test Request Form

SPL ID: 2012-00143

Client Information

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

Sampling Contact Name **Thomas F. Dove**
 Phone **518 491 3619** Email **Thomas.F.Dove@SAPL.org**

Sample Information

Project Identifier (Name or Number) **Copied Silver** Sampled by: (Required) **J. F. Cook**
 Date Collected: (Required) **12/3/2020** Number of Samples **10**

Samples from NY or Conn.?
 Yes No. If no, what state?
 NY on Box Tem

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=Ice S=Swab O=Other	Test Codes (1 code per box)		Time Collected (hr:min)	SPL USE ONLY		
			Acceptable Y/N	Temperature		Comments		
1	6N-622	W	2	0	1000	Y	N	
2	6W-62E	W	2	0	1003	Y	N	
3	4N-05	W	2	0	1014	Y	N	
4	45-05	W	2	0	1015	Y	N	
5	1NF RM 1	W	2	0	1028	Y	N	
6	1NF RM 4	W	2	0	1028	Y	N	
7	3N-05	W	2	0	1030	Y	N	
8	35-EX RM 2	W	2	0	1035	Y	N	
9	25-05	W	2	0	1048	Y	N	
10	ED X2M16	W	2	0	1045	Y	N	

Relinquished by _____ Date _____ Received by _____ Date _____ Time _____

Tom 12/4/20