SPECIAL PATHOGENS LABORATORY®

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

JAN 7 '21 AM 9:35

SPL ID: 2101-00103

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)	Date Collected: (Required)	Number of Samples
LEGIONELLA TESTING	KM/JW	1/6 2021	20

Samples from NY or Conn.? ☑ Yes ☐ No If no, what state? NW

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 RM 619	W	1 0 1	0845 a.m./p.m.	Y N		
2	6W WAITING ROOM	W	1 0 1	0850 a.m./p.m.	Y N		
3	5N 516	W	1 0 1	0900 a.m./p.m.	Y N		
4	5S RM 509	W	1 0 1	0902 a.m./p.m.	Y N		
5	4N HALL	W	1 0 1	0905 a.m./p.m.	Y N		
6	4S RM 405	W	1 0 1	0910 a.m./p.m.	Y N		
7	RM 438.01	W	1 0 1	0912 a.m./p.m.	Y N		
8	RM 440.01	W	1 0 1	0915 a.m./p.m.	Y N		
9	3N HALL SINK	W	1 0 1	0920 a.m./p.m.	Y N		
10	3S RM 6	W	1 0 1	0922 a.m./p.m.	Y N NW		

Relinquished by	Date	Time	Received by	Date	Time
			[illegible]	1/7/21	

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JAN 7 '21 AM8:15

Chain of Custody: Test Request Form

SPL ID: 2101-00103

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@SAHA.ORG

Sample Information

Project Identifier (Name or Number): LEGIONELLA TEST

Sampled by: (Required) KM/JW

Date Collected: (Required) 1/6 2021

Number of Samples: 20

Samples from NY or Conn.? ☑ Yes ☐ No If no, what state? MW

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
11	2S HALL SINK	W	1 0 1	0925 a.m./p.m.	Y N		
12	2N HALL SINK	W	1 0 1	0928 a.m./p.m.	Y N		
13	S6 HOT WATER RETURN	W	1 0 1	0932 a.m./p.m.	Y N		
14	HW HEATER	W	1 0 1	0934 a.m./p.m.	Y N		
15	S6 REST RM	W	1 0 1	0936 a.m./p.m.	Y N		
16	ED ACROSS 16	W	1 0 1	0940 a.m./p.m.	Y N		
17	PUMP HOUSE	W	1 0 1	0945 a.m./p.m.	Y N		
18	KITCHEN POT SINK	W	1 0 1	0951 a.m./p.m.	Y N		
19	ACROSS XRAY 1	W	1 0 1	10:10 a.m./p.m.	Y N		
20	ACROSS XRAY 2	W	1 0 1	1015 a.m./p.m.	Y N		

Relinquished by	Date	Time	Received by	Date	Time
			Nathan Chr	1/7/21	

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