

Chain of Custody: Test Request Form

SPL ID:

UID:

Client Information				Sampling Contact					
Account Number	P.O. Number	Submitting Company		Name					
				Phone	Email				
Sample Information									
Project Identifier (Name or Number)			Sampled by			Date Collected	Number of Samples		
Samples from New York or Connecticut? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is chlorine the primary biocide? Potable water: <input type="checkbox"/> Yes <input type="checkbox"/> No Nonpotable water: <input type="checkbox"/> Yes <input type="checkbox"/> No		Case investigation? (See back for details) <input type="checkbox"/> Yes <input type="checkbox"/> No		QuickCheck™? (See back for details) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Sample No.	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
						a.m.\p.m.	Y N		
						a.m.\p.m.	Y N		
						a.m.\p.m.	Y N		
						a.m.\p.m.	Y N		
						a.m.\p.m.	Y N		
						a.m.\p.m.	Y N		
						a.m.\p.m.	Y N		
						a.m.\p.m.	Y N		
						a.m.\p.m.	Y N		
						a.m.\p.m.	Y N		
						a.m.\p.m.	Y N		
						a.m.\p.m.	Y N		
						a.m.\p.m.	Y N		
						a.m.\p.m.	Y N		
						a.m.\p.m.	Y N		
						a.m.\p.m.	Y N		
Relinquished by			Date	Time	Received by			Date	Time

How to Complete the Test Request Form

Client Information

1. **Account number:** Enter your account number.*
2. **P.O. number:** Enter purchase order if applicable.
3. **Submitting company:** Enter company name associated with the account number.*

Sampling Contact

1. **Sampling contact name:** Fill in name of person(s) collecting the sample(s).*
2. **Sampling contact phone and email:** Enter phone and email of person(s) collecting samples.* *Note: This is for sample and collection questions only. Report contacts are set up at the time of account creation. Please contact SPL for reporting questions.*

Sample Information

1. **Project identifier number (or name):** Enter your project name or number.*
25 character max.
2. **Sampled by:** Fill in name of person(s) collecting the sample(s).*
3. **Date collected:** Fill in the date the sample(s) was collected.*
4. **Number of samples:** Enter number of samples collected.*
5. **Samples from New York or Connecticut?** Check Yes or No. If No, enter state.*
6. **Is chlorine the primary biocide?** Check Yes or No for both potable and non-potable samples.*
7. **Case Investigation:** Check Yes or No. Case investigation includes preliminary reporting and phone notification. If Yes, representative isolates will be saved at SPL's discretion. To request that SPL save specific isolates, please notify SPL within seven days of receipt of your report. *15% service fee per sample.*
8. **QuickCheck™ (for Legionella Culture only):** Check Yes or No. With QuickCheck, you will receive a preliminary report. *\$75 per submission.*
9. **Sample Description:** Fill in the sample description as it will appear on the report.*
45 character max.
10. **Sample Type:** Choose one.*
11. **Test Codes:** Enter code(s) for the analysis you are requesting.*
12. **Time Collected:** Enter the time the sample was collected.
13. **HPC and Coliforms: E. coli & Total presence-absence Testing:** SPL offers compliance reporting to PA DEP through DWELR. Please notify SPL **prior** to sample collection for specific instructions. Compliance requirements may not be met for the samples arriving without notification.

Test Codes

Test	Code	Req. Vol.	Results
Legionella Culture (includes serotyping)	101	220mL	7–10 days
Legionella Culture (1 liter)	101-L	1 liter	7–10 days
Legionella Serotyping of submitted isolates (DFA)	401	N/A	2–3 days
Legionella pneumophila qPCR	124	120mL	2–4 days
Pseudomonas aeruginosa	102	120mL	2–7 days
Stenotrophomonas maltophilia	104	120mL	2–7 days
Acinetobacter spp.	105	120mL	2–7 days
Burkholderia cepacia	123	120mL	3–7 days
Nontuberculous Mycobacteria (NTM)	108	220mL	6–8 weeks
CMS Waterborne Pathogens Panel • Legionella Culture (includes serotyping) • Pseudomonas aeruginosa • Stenotrophomonas maltophilia • Acinetobacter spp. • Burkholderia cepacia • Nontuberculous Mycobacteria (NTM)	130	1 liter	7–10 days 2–7 days 2–7 days 2–7 days 3–7 days 6–8 weeks
Heterotrophic Plate Count (HPC)	103	30mL	2–7 days
Coliforms: E. coli & Total presence-absence	106	120mL	1–3 days
Iron Related Bacteria	109	30mL	10–12 days
Sulfate Reducing Bacteria	110	30mL	10–12 days
Slime Forming Bacteria	111	30mL	10–12 days
Nitrifying Bacteria	112	30mL	5–7 days
Denitrifying Bacteria	115	30mL	5–7 days
Acid Producing Bacteria	113	30mL	10–12 days
Copper/Silver Analysis	201	120mL	7–10 days
Lead	230	120mL	7–10 days
Analytical Water Chemistry	241	120mL	7–10 days
Isolate Identification	403		5–7 days
Molecular Typing	301		3–4 weeks
Stocking & Shipping Isolates			\$75
Product Evaluation			Call for pricing
Case Investigation			15% service fee per sample
QuickCheck™ (Legionella Culture only)			\$75 per submission

*Required