



Chain of Custody & Requisition

| Client Information | Project Information | Billing (New Clients Only) |
|---------------------|---------------------------------------|----------------------------|
| Submitting Company: | Project Identifier* (Name or Number): | Contact Name: |
| Address: | Date Collected: | Phone: |
| City, State, Zip: | PO Number: | Fax: |
| Sampled By: | Number of Samples in Shipment: | Email: |

| Test Codes | Volume* | Test Codes | Volume* |
|--|---------|--|---------|
| 100 Waterborne Pathogens Panel | 500 ml | 107 Environmental Mycobacterium Culture | 120 ml |
| 101 Legionella Culture | 120 ml | 108 Environmental Fungal Culture | 120 ml |
| 102 Pseudomonas aeruginosa | 120 ml | 201 Copper/Silver Analysis | 120 ml |
| 103 Heterotrophic Plate Count (HPC) | 120 ml | 301 Molecular Typing | |
| 104 Stenotrophomonas maltophilia | 120 ml | 401 Legionella Serotyping of Isolates | |
| 105 Acinetobacter spp. | 120 ml | | |
| *Bottles provided on request | | | |

| Sample Information | | | | | SPL Use Only | | |
|--------------------|---|-------------|--------------|--|--------------|---------------------------------|---------------|
| Sample No. | Sample Description (Location & Source/Site) | Sample Type | Test Code(s) | | | **Sample Conditions Acceptable? | Record Number |
| | | | | | | Y / N | |
| | | | | | | Y / N | |
| | | | | | | Y / N | |
| | | | | | | Y / N | |
| | | | | | | Y / N | |
| | | | | | | Y / N | |
| | | | | | | Y / N | |
| | | | | | | Y / N | |
| | | | | | | Y / N | |
| | | | | | | Y / N | |

* Project Identifier may be institution name or other name or number that describes the set of samples

Sample Types: W = Water; S= Swab; S+W= Swab in Water; I= Isolate

**Sample conditions recorded in database

| Relinquished by | Date | Time | Received by | Date | Time |
|-----------------|------|------|-------------|------|------|
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