SPECIAL PATHOGENS LABORATORY®
THE LEGIONELLA EXPERTS®

Chain of Custody

SPL ID

Client Information		Sampling Information		Report Contact Information
Account Number:	P.O. Number:	Project Identifier (Name or Number):		Report Contact:
Submitting Company:		Sampled By:		Phone:
Address:		Date Collected: (Required)	Time Collected: (Required for compliance testing. HR : MIN a.m. / p.m.)	Fax:
City, State, Zip:		*Number of Samples:		E-mail:

Test Codes	Volumes: 120 ml required for all tests; 500 ml for Waterborne Pathogens Panel	
100 Waterborne Pathogens Panel	**106** Coliforms: E. coli and Total (presence-absence)	**112** Nitrifying Bacteria
101 *Legionella* Culture	**107** Coliforms: E. coli and Total (quantitative)	**113** Acid Producing Bacteria
102 *Pseudomonas aeruginosa*	**108** Mycobacterium Culture	**125** Water Reuse Panel
103 Heterotrophic Plate Count (HPC)	**109** Iron Related Bacteria	**201** Copper / Silver Analysis
104 *Stenotrophomonas maltophilia*	**110** Sulfate Reducing Bacteria	**301** Molecular Typing
105 *Acinetobacter* spp.	**111** Slime Forming Bacteria	**401** *Legionella* Serotyping of Isolates

Sample Information						Other	
Sample No.	**Sample Description** Location and Source / Site Please be specific.	**Sample Type** W=Water S=Swab O=Other	**Test Codes** (Enter 1 code per box)			*{SPL USE ONLY}* **Sample Conditions Acceptable?**	*{SPL USE ONLY}* **Comments**
						Y / N	
						Y / N	
						Y / N	
						Y / N	
						Y / N	
						Y / N	
						Y / N	
						Y / N	
						Y / N	
						Y / N	

Relinquished by	Date	Time	Received by	Date	Time

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*Sample bottles provided upon request.

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