SPECIAL PATHOGENS LABORATORY®

THE LEGIONELLA EXPERTS®
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Chain of Custody Form: Test Requests

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)		Email
City, State, Zip:		# of Samples*:	**From State of New York?** Yes ◯ No ◯	**Is primary biocide for cooling tower an oxidizing agent?** Yes ◯ No ◯ Unknown ◯ No Biocide ◯

Test Codes	Volumes: 120 ml required for all tests; 500 ml for Waterborne Pathogens Panel	
100 Waterborne Pathogens Panel	**107** Coliforms: *E. coli* and Total (quantitative)	**113** Acid Producing Bacteria
101 *Legionella* Culture	**108** NTM Culture (presence-absence)	**116** Anaerobic Plate Count
102 *Pseudomonas aeruginosa*	**408** NTM ID (DNA sequencing)	**124** qPCR — *L.pneumophila*
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
106 Coliforms: *E. coli* and Total (presence-absence)	**112** Nitrifying Bacteria	**Other**

Sample Information

Sample No.	Sample Description Specific location,source or site	Sample Type W=Water S=Swab O=Other	Test Codes (1 code per box)			Time Collected (Required for compliance testing hr:min)	SPL USE ONLY Acceptable?	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

*Sample bottles provided upon request.