



# U.S. Micro-Solutions, Inc.

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## LEGIONELLA / WATER TEST REQUEST - CHAIN OF CUSTODY

CUSTOMER NAME:	PHONE #:	FAX #:
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ADDRESS:	CITY:	STATE:	ZIP:
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ATTENTION TO:	E-MAIL:
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SAMPLE OBTAINED BY:	RESULTS: <input type="checkbox"/> FAX <input type="checkbox"/> EMAIL	<b>SAMPLE TYPE</b>	<b>POTABLE WATER</b>	<b>TEST TYPE</b>	<b>LAB USE ONLY</b>
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PROJECT NAME/NUMBER:	PO#	<b>WATER</b>	<b>SWAB</b>	<b>YES</b>	<b>NO</b>	<b>LEGIONELLA</b>	<b>Heterotrophic Plate Count</b>	<b>Chlorine (ppm)</b>	<b>Temperature (°C)</b>
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# SAMPLES:	Samples collected in New York state? <input type="checkbox"/> Yes <input type="checkbox"/> No
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SAMPLE NUMBER	SAMPLE DATE / TIME	SAMPLE LOCATION AND DESCRIPTION	WATER	SWAB	YES	NO	LEGIONELLA	Heterotrophic Plate Count	Chlorine (ppm)	Temperature (°C)

RELINQUISHED BY – CUSTOMER (MUST SIGN)	DATE AND TIME	Analyst Initials
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RECEIVED BY – LAB USE ONLY	DATE AND TIME	LABORATORY NUMBER
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