



# U.S. Micro-Solutions, Inc.

302 Unity Plaza  
Latrobe, PA 15650  
P: 724-853-4047 F: 724-853-4049  
[labcom@usmslab.com](mailto:labcom@usmslab.com)



## 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:	RESULTS:	FAX	EMAIL
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SAMPLE OBTAINED BY:	PO#	<b>SAMPLE TYPE</b>	<b>POTABLE WATER</b>	<b>TEST TYPE</b>	<b>LAB USE ONLY</b>
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PROJECT NAME/NUMBER:					
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# SAMPLES:	Samples collected in New York state? Yes No				
	If yes, list biocide(s):				

SAMPLE NUMBER	SAMPLE DATE / TIME	SAMPLE LOCATION AND DESCRIPTION	SAMPLE TYPE		POTABLE WATER		TEST TYPE			LAB USE ONLY	
			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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**LEGIONELLA / WATER TEST REQUEST - CHAIN OF CUSTODY**  
 Additional Samples

CUSTOMER NAME:					SAMPLE TYPE		POTABLE WATER		TEST TYPE			LAB USE ONLY	
PROJECT NAME/NUMBER:					WATER	SWAB	YES	NO	LEGIONELLA	Heterotrophic Plate Count		Chlorine (ppm)	Temperature (°C)
RECEIVED BY – LAB USE ONLY					DATE AND TIME					LABORATORY NUMBER:			Analyst Initials



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**LEGIONELLA / WATER TEST REQUEST - CHAIN OF CUSTODY**  
 Additional Samples

CUSTOMER NAME:			SAMPLE TYPE		POTABLE WATER		TEST TYPE			LAB USE ONLY	
PROJECT NAME/NUMBER:			WATER	SWAB	YES	NO	LEGIONELLA	Heterotrophic Plate Count		Chlorine (ppm)	Temperature (°C)
SAMPLE NUMBER	SAMPLE DATE / TIME	SAMPLE LOCATION AND DESCRIPTION									
RECEIVED BY – LAB USE ONLY			DATE AND TIME			LABORATORY NUMBER:					Analyst Initials