



U.S. Micro-Solutions, Inc.

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





LEGIONELLA / WATER TEST REQUEST - CHAIN OF CUSTODY

CUSTOMER NAME: PHONE #:									FAX	xX #:									
ADDRESS:						CITY:	 ΓΥ:					ZIP:							
ATTENTION TO:					E-MAIL:				RES	RESULTS:			FAX		EMAIL				
SAMPLE OBTAINED E	BY:				PO#			MPLE 'PE	POTA WA		TE	ST TYP	E	LAB US	E ONLY				
PROJECT NAME/NUMBER:						· · · -					$\overline{}$								
# SAMPLES: Samples collected in New York state? If yes, list biocide(s):					Yes	No	ATER	WATER		ON	LEGIONELLA	Heterotrophic Plate Count		Chlorine (ppm)	Temperature (°C)				
SAMPLE NUMBER	CAMPI E		OCATION AND DESCRIPTION		*	σ	YES		LEGI	Heter Plat		С	Tem						
RELINQUISHED BY - CUSTOMER (MUST SIGN)						DATE AND TIME						Analyst Initials							
RECEIVED BY – LA	B USE ON	NLY			D	ATE AND TIME	LAB	ORATO	ORY NU	JMBEF	₹			Analyst Initials					



U.S. Micro-Solutions, Inc.
302 Unity Plaza
Latrobe, PA 15650
P: 724-853-4047: 724-853-4049
labcom@usmslab.com





LEGIONELLA / WATER TEST REQUEST - CHAIN OF CUSTODY Additional Samples

CUSTOMER NAME:					SAN TY	IPLE PE	POTA WA	ABLE TER	TEST TYPE			LAB USE ONLY		
PROJECT NAME/NUMBER:					WATER	SWAB	YES	NO	LEGIONELLA	Heterotrophic Plate Count		Chlorine (ppm)	Temperature (°C)	
SAMPLE NUMBER	SAMI DATE	PLE / TIME	SAMPLE LO	SAMPLE LOCATION AND DESCRIPTION		WA	NS	>	Z	LEGIO	Hetero Plate		Chi (pi	Temp °)
RECEIVED BY – LAB USE ONLY DATE AND TIME						LABC	LABORATORY NUMBER: Analyst Ini						nitials	

PAGE 2 of ____ SAM 02.01 Form 1 v4 DCR 21-168 Effective 08-13-21 Page 2 of 3



U.S. Micro-Solutions, Inc.
302 Unity Plaza
Latrobe, PA 15650
labcom@usmslab.com





LEGIONELLA / WATER TEST REQUEST - CHAIN OF CUSTODY Additional Samples

CUSTOMER NAME:					/PLE /PE	POT/ WA	ABLE TER	TEST TYPE			LAB USE ONLY		
PROJECT NAME/NUMBER:				WATER	SWAB	YES	NO	LEGIONELLA	Heterotrophic Plate Count		Chlorine (ppm)	Temperature (°C)	
SAMPLE NUMBER	SAM DATE	PLE / TIME	SAMPLE LOCATION AND DESCRIPTION	W	S		2	LEGIO	Hetero Plate		Chi (Pi	Temp ,)	
RECEIVED BY – LAB USE ONLY DATE AND TIME				LABO	LABORATORY NUMBER: Analyst Ir						nitials		

PAGE 3 of ____ Page 3 of 3 SAM 02.01 Form 1 v4 DCR 21-168 Effective 08-13-21