



U.S. MICRO SOLUTIONS INC.

AN ENVIRONMENTAL MICROBIOLOGY LAB

302 Unity Plaza
 Latrobe, PA 15650
 P: 724.853.4047
 F: 724.853.4049

labcom@usmslab.com

LEGIONELLA TEST REQUEST – CHAIN OF CUSTODY

CUSTOMER NAME:				PHONE #:				FAX #:											
ADDRESS:				CITY:				STATE:		ZIP:									
ATTENTION TO:				E-MAIL:				RESULTS:		FAX EMAIL									
SAMPLE OBTAINED BY:				PO#				SAMPLE TYPE		POTABLE WATER		TEST TYPE		LAB USE ONLY					
PROJECT NAME/NUMBER:																			
# SAMPLES:		Samples collected in New York state? Yes No				WATER		SWAB		YES NO		LEGIONELLA		Heterotrophic Plate Count		Chlorine (ppm)		Temperature (°C)	
If yes, list biocide(s):																			
SAMPLE NUMBER	SAMPLE DATE / TIME	SAMPLE LOCATION AND DESCRIPTION																	
RELINQUISHED BY – CUSTOMER (MUST SIGN)										DATE AND TIME				Analyst Initials					
RECEIVED BY – LAB USE ONLY								DATE AND TIME				LABORATORY NUMBER							



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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



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PROJECT NAME/NUMBER:			WATER	SWAB	YES	NO	LEGIONELLA	Heterotrophic Plate Count		Chlorine (ppm)	Temperature (°C)
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