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LEGIONELLA TEST REQUEST – CHAIN OF CUSTODY

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