

LEGIONELLA TEST REQUEST - CHAIN OF CUSTODY

302 Unity Plaza Latrobe, PA 15650 P: 724.853.4047 F: 724.853.4049 labcom@usmslab.com

CUSTOMER NAME:						PHONE #:					FAX #:						
ADDRESS:						CITY:					STATE:			ZIP:			
ATTENTION TO:					E-MAIL:					RES	RESULTS: FAX				EMAIL		
SAMPLING LOCATION	N ADDRES	S:								•							
SAMPLE OBTAINED BY:					PO# SAMF			SAMPLE POTABL TYPE WATER						LAB USE ONLY			
PROJECT NAME/NUM	IBER:								. –	***					9 t		
# SAMPLES: Samples collected in New York state? If yes, list biocide(s):					Yes	No	N/A	WATER		YES	ON	LEGIONELLA	Heterotrophic Plate Count		Residual Chlorine (P) Present / (A) Absent		
SAMPLE NUMBER SAMPLE DATE / TIME		SAMPLE LOCATION AND DESCRIPTION				×	S			LEGI	Heter Plat		Residu:				
RELINQUISHED BY – CUSTOMER (MUST SIGN)								DATE	AND T	ГІМЕ					Analyst	Initials	
RECEIVED BY – LAB USE ONLY				D	ATE AND TIN	1E	LAB	ORATO	ORY NI	JMBEF	3						



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CUSTOMER NAME:					POTABLE WATER		TEST TYPE			LAB USE ONLY	
PROJECT NAME/NUMBER:				SWAB	YES	NO	LEGIONELLA	Heterotrophic Plate Count		Residual Chlorine (P) Present / (A) Absent	
SAMPLE NUMBER	SAMPLE DATE / TIME	SAMPLE LOCATION AND DESCRIPTION	WATER	S	<u> </u>	z	LEGIO	Hetero Plate		Residual	
RECEIVED BY – LAI		DATE AND TIME		DRATO						Analyst	

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CUSTOMER NAME: PROJECT NAME/NUMBER:					SAMPLE TYPE		POTABLE WATER		TEST TYPE			LAB USE ONLY		
					SWAB	YES	ON	LEGIONELLA	Heterotrophic Plate Count		Residual Chlorine			
SAMPLE NUMBER	SAM DATE	MPLE E / TIME	SAMPLE LOCATION AND DESCRIPTION	WATER	NS	>	Z	LEGIO	Hetero Plate	<u> </u>	Residual (P) Present			
DECEIVED DV 1	D LICE OF		DATE AND TIME	LADO		DV NII	IMPED				Analyst	nitiala		
KECEIVED BY – LA	RECEIVED BY – LAB USE ONLY DATE AND TIME			LABO	LABORATORY NUMBER:							Analyst Initials		

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