

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:				RESULTS:		FAX EMAIL			
SAMPLING LOCATION ADDRESS:													
SAMPLE OBTAINED BY:				PO#		SAMPLE TYPE WATER SWAB		POTABLE WATER YES NO		TEST TYPE LEGIONELLA Heterotrophic Plate Count		LAB USE ONLY Residual Chlorine (P) Present / (A) Absent	
PROJECT NAME/NUMBER:													
# SAMPLES:		Samples collected in New York state? Yes No If yes, list biocide(s): N/A											
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					



**U.S. MICRO
SOLUTIONS INC.**

AN ENVIRONMENTAL MICROBIOLOGY LAB

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PROJECT NAME/NUMBER:				WATER	SWAB	YES	NO	LEGIONELLA	Heterotrophic Plate Count		Residual Chlorine (P) Present / (A) Absent		
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