U.S. MICRO SOLUTIONS INC.
AN ENVIRONMENTAL MICROBIOLOGY LAB

LEGIONELLA TEST REQUEST – CHAIN OF CUSTODY

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CUSTOMER NAME:	PHONE #:	FAX #:	
ADDRESS:	CITY:	STATE:	ZIP:
ATTENTION TO:	EMAIL:		
SAMPLING LOCATION ADDRESS:			

SAMPLE OBTAINED BY:	PO#
PROJECT NAME/NUMBER:	
# SAMPLES:	**Samples collected in New York state?** ☐ Yes ☐ No **If yes, list biocide(s):** ☐ N/A

SAMPLE CODE	ANALYSIS CODE	LAB USE ONLY
P = Potable Water N = Nonpotable Water S = Swab	**LEG = Legionella HPC = Heterotrophic Plate Count**	**Residual Chlorine P = Present A = Absent**

SAMPLE NUMBER	COLLECTION 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

PROJECT NAME/NUMBER:				SAMPLE CODE	ANALYSIS CODE	LAB USE ONLY
SAMPLE NUMBER	COLLECTION DATE / TIME		SAMPLE LOCATION AND DESCRIPTION	P = Potable Water N = Nonpotable Water S = Swab	LEG = Legionella HPC = Heterotrophic Plate Count	Residual Chlorine P = Present A = Absent
RECEIVED BY – LAB USE ONLY			DATE AND TIME	LABORATORY NUMBER		

PROJECT NAME/NUMBER:				SAMPLE CODE	ANALYSIS CODE	LAB USE ONLY
SAMPLE NUMBER	**COLLECTION DATE / TIME**		**SAMPLE LOCATION AND DESCRIPTION**	**P = Potable Water N = Nonpotable Water S = Swab**	**LEG = Legionella HPC = Heterotrophic Plate Count**	**Residual Chlorine P = Present A = Absent**
RECEIVED BY – LAB USE ONLY			DATE AND TIME	LABORATORY NUMBER		