

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#		SAMPLE CODE	ANALYSIS CODE	LAB USE ONLY	
PROJECT NAME/NUMBER:								
# SAMPLES:	Samples collected in New York state? ☐ Yes ☐ No ☐ N/A If yes, list biocide(s):				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

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RECEIVED BY – LAB USE ONLY				DATE AND TIME	LABORATORY NUMBER	