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

DRINKING WATER 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#		
PROJECT NAME/NUMBER:			
# SAMPLES:	**Samples collected in Pennsylvania?** ☐ Yes ☐ No **Safe Drinking Water Compliance Samples?** ☐ Yes ☐ No		

SAMPLE NUMBER	SAMPLE DATE / TIME		SAMPLE LOCATION AND DESCRIPTION	TEST TYPE: Legionella	E.coli & Total Coliforms	Lead	Copper	Heterotrophic Plate Count	Other test type as needed		LAB USE ONLY: On ice? Yes No; Chlorine (ppm)	Temp (oC)

RELINQUISHED BY – CUSTOMER (MUST SIGN) | DATE AND TIME | Analyst Initials

RECEIVED BY – LAB USE ONLY | DATE AND TIME | LABORATORY NUMBER

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SAMPLE NUMBER	SAMPLE DATE / TIME		SAMPLE LOCATION AND DESCRIPTION	SAMPLE TYPE		POTABLE WATER		TEST TYPE			LAB USE ONLY	
				WATER	SWAB	YES	NO	LEGIONELLA	Heterotrophic Plate Count		On ice? Yes No Chlorine (ppm)	Temp (oC)

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PROJECT NAME/NUMBER:

SAMPLE NUMBER	SAMPLE DATE / TIME		SAMPLE LOCATION AND DESCRIPTION	SAMPLE TYPE: WATER	SAMPLE TYPE: SWAB	POTABLE WATER: YES	POTABLE WATER: NO	TEST TYPE: LEGIONELLA	TEST TYPE: Heterotrophic Plate Count	TEST TYPE	LAB USE ONLY: On ice? Yes No / Chlorine (ppm)	LAB USE ONLY: Temp (oC)

RECEIVED BY – LAB USE ONLY | DATE AND TIME | LABORATORY NUMBER: | Analyst Initials