

Chain of Custody Form: Test Requests

SPL ID

Client Information		Sampling Information		Report Contact Information
Account Number:	P.O. Number:	Project Identifier (Name or Number):		Report Contact:
Submitting Company:		Sampled by:		Phone:
Address:		Date Collected: (Required)		Email
City, State, Zip:		*Number of Samples:	From State of New York? Y N	Is primary biocide for cooling tower an oxidizing agent? Y N

Test Codes
Volumes: 120 ml required for all tests; 500 ml for Waterborne Pathogens Panel

100 Waterborne Pathogens Panel	107 Coliforms: <i>E. coli</i> and Total (quantitative)	113 Acid Producing Bacteria
101 <i>Legionella</i> Culture	108 NTM Culture (presence-absence)	116 Anaerobic Plate Count
102 <i>Pseudomonas aeruginosa</i>	408 NTM ID (DNA sequencing)	124 qPCR — <i>L.pneumophila</i>
103 Heterotrophic Plate Count (HPC)	109 Iron Related Bacteria	201 Copper / Silver Analysis
104 <i>Stenotrophomonas maltophilia</i>	110 Sulfate Reducing Bacteria	301 Molecular Typing
105 <i>Acinetobacter spp.</i>	111 Slime Forming Bacteria	401 <i>Legionella</i> Serotyping of Isolates
106 Coliforms: <i>E. coli</i> and Total (presence-absence)	112 Nitrifying Bacteria	Other

Sample Information

Sample No.	Sample Description Specific location, source or site	Sample Type W=Water S=Swab O=Other	Test Codes (1 code per box)	Time Collected (Required for compliance testing hr:min)	SPL USE ONLY	
					Acceptable?	Comments
					Y N	
					Y N	
					Y N	
					Y N	
					Y N	
					Y N	
					Y N	
					Y N	
					Y N	
					Y N	

Relinquished by	Date	Time	Received by	Date	Time