

Chain of Custody: Test Request Form

SPL ID:

Client Information				Sampling Contact					
Account Number (Required)	P.O. Number	Submitting Company		Name					
				Phone	Email				
Sample Information									
Project Identifier (Name or Number)			Sampled by: (Required)			Date Collected: (Required)	Number of Samples		
Samples from NY or Conn.? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what state?		Is chlorine the primary biocide? (Required) Potable water: <input type="checkbox"/> Yes <input type="checkbox"/> No Nonpotable water: <input type="checkbox"/> Yes <input type="checkbox"/> No			Compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter PWSID:		Case investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Sample No./ Location ID	Sample Description Specific location, source or site	Sample Type W=Water I=Ice S=Swab O=Other	Test Codes (1 code per box)			Time Collected (hr:min)	SPL USE ONLY		
							Acceptable?	Temperature	Comments
						a.m.\p.m.	Y N		
						a.m.\p.m.	Y N		
						a.m.\p.m.	Y N		
						a.m.\p.m.	Y N		
						a.m.\p.m.	Y N		
						a.m.\p.m.	Y N		
						a.m.\p.m.	Y N		
						a.m.\p.m.	Y N		
						a.m.\p.m.	Y N		
						a.m.\p.m.	Y N		
						a.m.\p.m.	Y N		
						a.m.\p.m.	Y N		
Relinquished by		Date	Time	Received by			Date	Time	

How to Complete the Test Request Form

Client Information

1. Account number: Enter your account number. *Required.*
2. P.O. Number: Enter purchase order if applicable. *Optional.*
3. Submitting company: Enter company name associated with the account number. *Required.*

Sampling Contact

1. Sampling Contact Name: Fill in name of person(s) collecting the sample(s). *Required.*
2. Sampling phone and email: Enter phone and email of person(s) collecting samples. *Required. Note: This is for sample and collection questions only. Report contacts are set up at the time of account creating. Please contact SPL for reporting questions.*

Sample Information

1. Project identifier number (or name): Enter your project name or number. *25 character max.*
2. Samples from New York or Connecticut: Circle Yes or No. If No, enter state. *Required.*
3. Question: Is chlorine the primary biocide? Answer Yes or No for both potable and non-potable samples. *Required.*
4. Question: Are samples for compliance? Check Yes or No. If Yes, enter PWSID number.
5. Case Investigation: Circle one. If yes, representative isolates will be saved at SPL's discretion. To request that SPL save specific isolates, please notify SPL within seven days of receipt of your report. *Additional charges may apply.*
6. Date Collected: Fill in the date the sample(s) was collected. *Required.*
7. Sample Description: Fill in the sample description as it will appear on the report. *45 character max.*
8. Sample Type: Choose one. *Required.*
9. Test Codes: Enter code(s) for the analysis you are requesting. *Required.*
10. Time Collected: Enter the time the sample was collected. *Required for compliance samples.*

Test Codes

Code	Test	Req. Vol.	Results
101	<i>Legionella</i> Culture (includes serotyping)	220mL	7–10 days
101-L	<i>Legionella</i> Culture (1 liter)	1 liter	7–10 days
401	<i>Legionella</i> Serotyping of submitted isolates (DFA)	N/A	2–3 days
124	<i>Legionella pneumophila</i> qPCR	120mL	2–4 days
102	<i>Pseudomonas aeruginosa</i>	120mL	2–10 days
103	Heterotrophic Plate Count (HPC)	30mL	2–7 days
104	<i>Stenotrophomonas maltophilia</i>	120mL	2–10 days
105	<i>Acinetobacter</i> spp.	120mL	2–10 days
106	Coliforms: E.coli & Total presence-absence	120mL	1–3 days
107	Coliforms: E.coli & Total quantitative	120mL	1–3 days
108	Mycobacterium Culture (NTM) presence-absence	120mL	6–8 weeks
125	Compliance Coliforms: E-coli & Total presence-absence	120mL	1–3 days
126	Compliance Heterotrophic Plate Count (HPC)	120mL	2–3 days
300	Waterborne Pathogens Panel <ul style="list-style-type: none"> • <i>Legionella</i> Culture (includes serotyping) • <i>Pseudomonas aeruginosa</i> • <i>Stenotrophomonas maltophilia</i> • <i>Acinetobacter</i> spp. 	1 liter	7–10 days
109	Iron Related Bacteria	30mL	10–12 days
110	Sulfate Reducing Bacteria	30mL	10–12 days
111	Slime Forming Bacteria	30mL	10–12 days
112	Nitrifying Bacteria	30mL	5–7 days
113	Acid Producing Bacteria	30mL	10–12 days
201	Copper/Silver Analysis	120mL	7–10 days
403	Isolate Identification by 16S		5–7 days
301	Molecular Typing	SPL Modified Pulsenet, E-coli, salmonella, shingella procedure	3–4 weeks
	Stocking Isolates		\$25 per isolate
	Product Evaluation		Call for pricing