

Client:		Collected By:		Relinquished By:			
Address		Date:		Date:			
Phone		Received By:		NY Samples:			
Email		Date/Time:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Project Name:				Client Comments / Instructions:			
Sample ID	Test Code	Sample Location	Time Collected	Volume/Area	P: Potable NP: NonPotable S: Swab CT: Cooling Tower	Lab Use Only <i>(Required by NYS ELAP)</i>	
						Temp at Receipt, °C	Res. Chlorine at Receipt, ppm
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
Transport the water samples with ice substitute packs for next day delivery. The samples must be received and cultured /incubated by the lab within the maximum holding time requirement for the test and/or certification.					IR Thermometer Gun ID <input type="checkbox"/> 215 <input type="checkbox"/> 244		
<i>To Be Completed by Client (Required by NYS ELAP)</i>				<i>Lab Use Only</i>			
Bottle with Sodium Thiosulfate <input type="checkbox"/> Yes <input type="checkbox"/> No				Samples received with ice packs <input type="checkbox"/> Yes <input type="checkbox"/> No			
Specify Biocide Used at Source:				Lab Comments:			
1015	Legionella Culture – CDC Method – PW or NPW			1017	Legionella Culture – ISO11731 Method – Swab		
1015.1	Legionella Culture – ISO 11731 Method – PW – 1 Liter Filtration			2056	Heterotrophic Plate Count (HPC) – PW or NPW		
1015.2	Legionella Culture – ISO 11731 Method – NPW – 1 Liter Filtration			2056.1	Heterotrophic Plate Count (HPC) – PW or NPW with Dilution		
1015.5	Legionella Culture - ISO 11731 Method - NPW			1010	Total coliforms / E. coli - Presence/Absence – PW		
1015.6	Legionella Culture – ISO11731 Method – PW			1011	Total coliforms / E. coli - Presence/Absence or Membrane Filtration – NPW		