

	Client:				Collected By: Date:		Relinquished By: Date:		
	Address				Received By:		NY Samples:		
					Date /Time:		□ Yes □ No		
	Phone								
	Email					Client Comments / Instructions:			
	Project Na	roject Name:							
ľ						P: Potable	Lab Use Only		
	Sample ID	Test Code	Sample Location	Time Collected	Volume/Area	NP: NonPotable S: Swab	(Required by Temp at Receipt,	Res.Chlorine	
						CT: Cooling Tower	°C	at Receipt, ppm	
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16	Transport the	vater samples w	ith ice substitute packs for next day delivery.	<u> </u>	<u> </u>		Thermometer Gun	ID	
	The samples n	The samples must be received and cultured /incubated by the lab within				□ 215 □ 244			
ŀ		he maximum holding time requirement for the test and/or certification. To Be Completed by Client (Required by NYS ELAP)			Lab Use Only				
ŀ					nples received with ice packs				
ľ	Specify Biocid	pecify Biocide Used at Source:			o Comments:				
	1015	3			1017	Legionella Culture – ISO11731 Method – Swab			
ŀ	1015.1	1015.1 Legionella Culture – ISO 11731 Method – PW – 1 Liter Filtration 1015.2 Legionella Culture – ISO 11731 Method – NPW – 1 Liter Filtration			2056 2056.1	Heterotrophic Plate Count (HPC) – PW or NPW Heterotrophic Plate Count (HPC) – PW or NPW with Dilution			
	1015.2				1010	Total coliforms / E. coli - Presence/Absence – PW			
	1015.6				1011	Total coliforms / E. coli - Presence/Absence or			
ı						Membrane Filtration – NPW			