

Chain of Custody: Test Request Form

SPL ID:

UID:

Client Information						Sampling Contact					
Account Number	P.O. Number	Submitting Company				Name					
						Phone	Email				
Sample Information											
Project Identifier (Name or Number)			Sampled by			Date Collected		Number of Samples			
Samples from NY or Conn.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is chlorine the primary biocide? Potable water: <input type="checkbox"/> Yes <input type="checkbox"/> No Nonpotable water: <input type="checkbox"/> Yes <input type="checkbox"/> No		Reportable to PADEP? <input type="checkbox"/> Yes <input type="checkbox"/> No (Enter sample location 3-digit number in first column below for each sample.) Check results for DWELR Reporting: <input type="checkbox"/> HPC <input type="checkbox"/> Total Coliforms		PWSID: _____		Case investigation? (See back for price.) <input type="checkbox"/> Yes <input type="checkbox"/> No		QuickCheck™? (<i>Legionella</i> Culture only. See back for price.) <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				
						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 contact 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 creation. Please contact SPL for reporting questions.*

Sample Information

1. Project identifier number (or name): Enter your project name or number. *Required. 25 character max.*
2. Sampled by: Fill in name of person(s) collecting the sample(s). *Required.*
3. Date collected: Fill in the date the sample(s) was collected. *Required.*
4. Number of samples: Enter number of samples collected. *Required.*
5. Question: Samples from New York or Connecticut? Check Yes or No. If No, enter state. *Required.*
6. Question: Is chlorine the primary biocide? Check Yes or No for both potable and non-potable samples. *Required.*
7. Question: Are samples reportable to PADEP? Check Yes or No. If Yes, enter 7-digit PWSID number. Check HPC or Total Coliforms to report those samples to DWELR. *Required for PADEP samples only.*
8. Case Investigation: Check Yes or No. 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. *Optional. 15% service fee per sample.*
9. QuickCheck™ (for *Legionella* Culture only): Check Yes or No. *Optional. \$75 per submission.*
10. Sample number/location ID: Enter the 3-digit sample location number for each sample. *Required.*
11. Sample Description: Fill in the sample description as it will appear on the report. *Required. 45 character max.*
12. Sample Type: Choose one. *Required.*
13. Test Codes: Enter code(s) for the analysis you are requesting. *Required.*
14. Time Collected: Enter the time the sample was collected. *Required for PADEP samples.*

Test Codes

Test	Code	Req. Vol.	Results
<i>Legionella</i> Culture (includes serotyping)	101	220mL	7–10 days
<i>Legionella</i> Culture (1 liter)	101-L	1 liter	7–10 days
<i>Legionella</i> Serotyping of submitted isolates (DFA)	401	N/A	2–3 days
<i>Legionella pneumophila</i> qPCR	124	120mL	2–4 days
<i>Pseudomonas aeruginosa</i>	102	120mL	2–10 days
<i>Stenotrophomonas maltophilia</i>	104	120mL	2–10 days
<i>Acinetobacter</i> spp.	105	120mL	2–10 days
<i>Burkholderia cepacia</i>	123	120mL	3–10 days
Nontuberculous Mycobacteria (NTM)	108	220mL	6–8 weeks
CMS Waterborne Pathogens Panel • <i>Legionella</i> Culture (includes serotyping) • <i>Pseudomonas aeruginosa</i> • <i>Stenotrophomonas maltophilia</i> • <i>Acinetobacter</i> spp. • <i>Burkholderia cepacia</i> • Nontuberculous Mycobacteria (NTM)	130	1 liter	7–10 days 2–10 days 2–10 days 2–10 days 3–10 days 6–8 weeks
Heterotrophic Plate Count (HPC)	103	30mL	2–7 days
Compliance Heterotrophic Plate Count	126	120mL	2–3 days
Coliforms: <i>E. coli</i> & Total presence-absence	106	120mL	1–3 days
Coliforms: <i>E. coli</i> & Total quantitative	107	120mL	1–3 days
Compliance Coliforms: <i>E. coli</i> & Total presence-absence	125	120mL	1–3 days
Iron Related Bacteria	109	30mL	10–12 days
Sulfate Reducing Bacteria	110	30mL	10–12 days
Slime Forming Bacteria	111	30mL	10–12 days
Nitrifying Bacteria	112	30mL	5–7 days
Denitrifying Bacteria	115	30mL	5–7 days
Acid Producing Bacteria	113	30mL	10–12 days
Copper/Silver Analysis	201	120mL	7–10 days
Analytical Water Chemistry	241	100mL	7–10 days
Isolate Identification by 16S	403		5–7 days
Molecular Typing	301		3–4 weeks
Stocking Isolates			\$25 per isolate
Product Evaluation			Call for pricing
Case Investigation			15% service fee per sample
QuickCheck™ (<i>Legionella</i> Culture only)			\$75 per submission