



Chain of Custody Record

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Company Name: Metro Hospital	Job Site / Your Client: New Patient Tower	Page <u> 1 </u> of <u> 1 </u>
Company Address: 1234 Hospital Drive	Job Site Address: 1234 Hospital Drive	Sampled By: G. Young
Company City, State, Zip: Anytown, USA	Job Site City, State, Zip: Anytown, USA	Sample Date: 08-24-22
Phone:	Email:	Purchase Order Number: 56789

EST Batch Number: & Login Initials		Legionella Testing										Bacteria Testing			Microbial Corrosion (MIC) Testing							
<input type="checkbox"/> EST bottles + Sodium thiosulfate <input type="checkbox"/> Customer bottles <input type="checkbox"/> Samples shipped on ice packs <input type="checkbox"/> Transit Delay or other issue; See Notes																						
EST USE ONLY	FOR EACH SUBMITTED SAMPLE:		vPCR* Non-Potable Water	vPCR* Potable Water	RUSH vPCR* 4 Hour	Cultured Non-potable Water	Cultured Potable Water	RUSH Cultured 96 Hour	Swab	HPC - Aerobic Bacteria Count	Anaerobic Bacteria Count	Total Coliform/E.coli Screen	Pseudomonas aeruginosa Screen	Waterborne PATHOGEN SCREEN	Acid Producing Bacteria	Denitrifying Bacteria	Iron Related Bacteria	Slime Forming Bacteria	Sulfate Reducing Bacteria	Fluorescent Pseudomonas	Nitrifying Bacteria	Algae
	Sample #	Sample Site Description																				
	1	6 th Floor – 6 East Oncology – Room 621- Shower	X			X																
	2	6 th Floor – 6 North – Room 658- Sink	X			X																
	3	5 th Floor – 5 West – Room 509- Sink	X			X																
	4	5 th Floor – 5 East – Room 548- Sink	X			X																
	5	4 th Floor – 4 South – Room 432 - Shower				X																
	6	3 rd Floor – ICU – Room 12- Sink				X																
	7	2 nd Floor – Physical Therapy – Therapy Pool				X			X	X	X											
	8	1 ST Floor – Surgery – OR #5 – Scrub Sink				X																
	9	Cooling Tower #1				X										X	X	X				
	10	Cooling Tower #2				X																

Transit Delay Sample Processing Approval by Customer/Initials _____ or Customer notified by EST/Initials _____ Phone Email Date _____ Response Date _____ Contact Name _____ Authorized to Process Destroy

Notes:	Samples Relinquished By:	Date/Time
	Received at EST By:	Date/Time

*vPCR Molecular Testing. Reports in CFU/mL the following analytes: *Legionella pneumophila* SG1 & *Legionella pneumophila* SG2-15