



HP Environmental, Inc.

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LABORATORY TEST REQUEST – CHAIN OF CUSTODY



Customer Name:		Phone:		FAX:		
Address:		City:		State:	Zip:	
Attention To:		E-mail:				
Collected By:		Results: <input type="checkbox"/> E-mail <input type="checkbox"/> Fax		PO#:		
Project Name/Number:						
TAT: <input type="checkbox"/> Routine <input type="checkbox"/> Rush <input type="checkbox"/> Emergency					No. of Samples:	
Comments:						
Sample #	Sample Date / Time	Sample Code	Analysis Code	Sample Location / Description		Sample Vol/Area
Relinquished By:				Date/Time:		
Received By (Lab Use Only)			Date/Time:		Report #	

Sample Code	
AS	Andersen Sample
B	Bulk
DW	Drinking Water
ST	Spore Trap
SW	Swab
W	Water
TL	Tape Lift

Analysis Code			
BACT	Bacterial Culture - Counts w/IDs	HPC	Heterotrophic Plate Count
COL	Colilert - P/A E. coli, coliforms	LEG1	Legionella Culture - ISO 11731
COV	RT-PCR - P/A SARS-CoV-2	LEG2	Legiolert - L. pneumophila specific
DM	Direct Microscopic Exam	PSE	Pseudolert – P. aeruginosa specific
FUNG	Fungal Culture - Counts w/IDs	ST	Spore Trap



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LABORATORY TEST REQUEST – CHAIN OF CUSTODY Additional Samples



Customer Name:				Project Name/Number:	
Sample #	Sample Date / Time	Sample Code	Analysis Code	Sample Location / Description	Sample Vol/Area
Received By: (Lab Use Only)				Date/Time:	Report #

