



# HP Environmental, Inc.

104 Elden Street, Suite 11 Herndon, VA 20170

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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			
<b>BACT</b>	Bacterial Culture - Counts w/IDs	<b>HPC</b>	Heterotrophic Plate Count (SIMPLATE)
<b>COL</b>	Colilert - P/A (Total coliforms/E. coli)	<b>HPC-A</b>	Heterotrophic Plate Count (anaerobic)
<b>COL-F</b>	Fecal Coliforms (Colilert-P/A)	<b>LEG1</b>	Legionella Culture (ISO 11731)
<b>DM</b>	Direct Microscopic Exam	<b>LEG2</b>	Legiolert - L. pneumophila (MPN)
<b>FUNG</b>	Fungal Culture - Counts w/IDs	<b>PSE</b>	Pseudalert - P/A (P. aeruginosa)



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



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## LABORATORY TEST REQUEST – CHAIN OF CUSTODY Additional Samples



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