## Legionella Analysis Report

Sample Date:

Date Received:

Analysis Start Date:

Analysis Start Time:



Report Issued To

Customer Name:

Customer Location:

Sales Rep:

P.O. Box 550 Westfield IN, 46074 317-867-4477

## Report Date:

## Chain of Custody



Analysis #:

Analysis Completed:

Time Received:



Certficate #: 4945.01

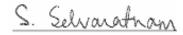
#	Sample ID	Sample Name	Sample Type	Sample Time	Legionella pneumophila Serogroup 1	Legionella pneumophila Serogroup 2-14	Legionella (non- pneumophila)	Total	Temperature (F)	Free Chlorine (ppm)	Total Chlorine (ppm)	Chlorine Dioxide (ppm)	Monochloramine (ppm)	pН	ORP (mV)
1															
2															
3															
4															
5															
6															
7															
8					·										
9											·				
10															

BDL: Below Detection Limit (Non-potable water: 10 CFU/ml, Potable water: 0.1 CFU/ml, Swab: 10 CFU/swab)  'Sample Date', 'Sample Time', 'Sample Name', and 'Sample Type' are provided by the customer. Field results are provided either by field representatives or customers.								
Comments:								

Legionella analysis by culture (based on CDC Method).

Shivi Selvaratnam, Ph.D.

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Shivi Selvaratnam, Ph.D.

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