

## Legionella Chain of Custody form

Details of Person Collecting Sample / Report sent to:											
Name:		Signature:		Sample Date:							
No. of samples collected:		Phone: <b>1800 248 898</b>		Fax: <b>1300 769 748</b>							
Address : <b>Department of Health - Environmental Health Unit - 15/50 Lonsdale Street, MELBOURNE 3000</b>											
cc :											
Identifiers											
NIDS No.		Outbreak Name.		Outbreak No.		Legionella Type					
Test Purpose - (please tick 1 only)											
Random <input type="checkbox"/>		Case Investigation <input type="checkbox"/>		Complaint <input type="checkbox"/>		Outbreak <input type="checkbox"/>					
Possible Legal Action* <input type="checkbox"/>											
* <b>If yes, it is imperative that details are provided below, under Chain of Custody, of the person who first secured the specimen. Unless sample remains in an individual's physical possession or sight it must be sealed. The seal must be tamper proof or tamper evident and bear initials or other mark of the person sealing it. Details of who sealed and how sealed must appear on this form, below, under Chain of Custody.</b>											
Test Request - (please tick)		Legionella		HCC		P. aeruginosa		Coliforms		Other	
Cooling Tower		<input type="checkbox"/>				-		-			
Swimming pool/ Spas		<input type="checkbox"/>									
Warm Water System		<input type="checkbox"/>		-		-		-			
Other -		<input type="checkbox"/>									
Chain of Custody of Sample/s											
Organisation	Phone	Collection/Delivery (C/D)			Collection/Delivery Address	Name (printed)	Relinquishing/ Accepting Signature				
		C/D	Date	Time							
		Secured by									
		Sealed by and seal details									
		C/D									
		C/D									
		C/D									
		Delivered			<b>MDU PHL</b>						
Sample Details											
Address / Location of Sample (or)			Source		Type		Collection Time		MDU Reference No.		
SID & Suburb	CTS	CT	(eg. Fill / Basin / Sample Point)		(eg. Compost / Soil / Water)						
MDU Staff Only											
Delivered in Accordance with AS 2031		• Container intact		Y / N		No. of Containers:		Date / Time of Delivery :			
		• Transported in a chiller with ice brick		Y / N							
Name :				MDU Delivery No.							
Signature :				MDU COC No.				Y / N			