

Microbiological Diagnostic Unit – Public Health Laboratory

Department of Microbiology & Immunology, University of Melbourne (APA) VIC 3010
 Level 1, The Peter Doherty Institute for Infection and Immunity, 792 Elizabeth Street, Melbourne, VIC 3000
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 Director: Prof. Benjamin Howden, MBBS, FRACP, FRCPA, PhD, 206527QB

**FM1045
(WC)**

**REQUEST & CHAIN OF CUSTODY FORM
LEGIONELLA (WC)**

For MDU Use only

Delivery No.	COC No.	Request Form No.
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MDU Nos

Details of Person Collecting Sample/Report sent to:

Name (First name, Surname)..... Signature:

Sample Date: No. of samples collected:

Address **Department of Health – Environmental Health Unit – 15/50 Lonsdale St, Melbourne, VIC**..... Postcode **3000**.....

Phone No. **1300 767 469**..... Fax No. **1300 769 748**..... **Copy to:** Name.....

Identifiers

PHES No.: Outbreak Name: Outbreak No. Legionella Type

Test Purpose (Please tick one only)

- Random Case Investigation Complaint Outbreak Possible Legal Action*

* **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.

Test Request

(Please tick)	Legionella	HCC	P. aeruginosa	Coliforms	Other
<input type="checkbox"/> Cooling Tower			-	-	
<input type="checkbox"/> Swimming pool/Spas					
<input type="checkbox"/> Warm Water System		-	-	-	
<input type="checkbox"/> Other -					

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			MDU PHL		

MDU Staff only

Delivered in Accordance with AS2031 Container Intact Yes No Transported in a chiller with ice brick Yes No

No. of Containers Date/Time of Delivery: MDU Delivery No. MDU COC Yes No MDU COC No.

Name: Signature:

(Please complete Specimen details on the next page)



NATA/RCPA Accredited Laboratory No. 1019

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(WC)****REQUEST & CHAIN OF CUSTODY FORM
LEGIONELLA (WC)****Sample Details**

Address/Location of Sample (or)			Source	Type	Collection Time	MDU Reference No.
SID	CTS	CT	(eg. Fill / Basin / Sample Point)	(eg. Compost / Soil / Water)		