

Microbiological Diagnostic Unit – Public Health Laboratory

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FM1045 (WC)

REQUEST & CHAIN OF CUSTODY FORM LEGIONELLA (WC)

For MDU Use only

Delivery No.

COC No.

Request Form No.

MDU Nos

Details of Person Collecting Sample/Report sent to:

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

Sample Date: No. of samples collected: PHESS No.:

Address **Team Leader, Legionella Health Protection Branch, Dept of Health, 14/50 Lonsdale St, Melbourne, VIC Postcode 3000**Phone No. **1300 767 469** Fax No. **1300 769 274** **Report copied to: CDPC** *Yes if ticked***Test Purpose** (Please tick one only)
 Random Case Investigation Complaint 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

Name/Organisation	Activity (eg. Delivered to MDU, overnight storage)	Date	Time	Signature
	MDU PHL			

(Please complete Specimen details on the next page)

NATA/RCPA Accredited Laboratory No. 1019

