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
Ph (03) 8344 5713 Fax (03) 8344 7833 Email mdu-general@unimelb.edu.au
Director: Prof. Benjamin Howden, MBBS, FRACP, FRCPA, PhD, 206527QB

REQUEST & CHAIN OF CUSTODY FORM LEGIONELLA (WC)

FM1045 (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, i**t 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
☐ Cooling Tower			-	-	
☐ Swimming pool/Spas					
☐ Warm Water System		-	-	-	
☐ 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)

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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)		

MDU Staff Only

Delivered in accordance with AS2031	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**