

**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.
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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. **1800 248 898**..... Fax No. **1300 769 748**..... Copy to: Name.....

**Identifiers**

NIDS 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			<b>MDU PHL</b>		

**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

