

REQUEST & CHAIN OF CUSTODY FORM LEGIONELLA (WC)

MDU No. (MDU Use only)	Microbiological Diagnostic Unit Public Health Laboratory Department of Microbiology & Immunology, The University of Melbourne (APA) 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 publichealth.lab@mdu.unimelb.edu.au Director: Prof. Benjamin Howden, MBBS, FRACP, FRCPA, PhD, 206527 QB	FM1045
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Details of Person Collecting Sample / Report sent to:		
Name:	Signature:	Sample Date:
No. of samples collected:	Phone: 1800 248 898	Fax: 1300 769 748
Address : Department of Health - Environmental Health Unit - 15/50 Lonsdale Street, MELBOURNE 3000		
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"/>

* 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	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			MDU PHL		

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	

(Please complete Specimen details on the next page)

