



State of Washington  
 Department of Health  
 PUBLIC HEALTH LABORATORIES  
 1610 N.E. 150th Street  
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# WA State PHL *Legionella* Environmental Sample Submission and Chain of Custody Form

Contact information		Project Information	
Company:		Project ID:	
		PO Number:	
Address:		Sample Date:	
Contact Name:		Sampler Name Print:	
Phone Number:		Sampler Name Sign:	

### MANDATORY NOTIFICATION PRIOR TO SUBMISSION

WA STATE EPIDEMIOLOGY	Contact Name:	LOCAL HEALTH DEPT	Contact Name:
	Phone:		Phone:
	Date:		Date:

Relinquished By:	Date:	Time:

Received By:	Date:	Time:

**INSTRUCTIONS:** All samples submitted to the Public Health Labs for environmental *Legionella* testing **MUST** follow the Notification Procedure for Environmental *Legionella* Testing (<http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthLaboratories/MicrobiologyLabTestMenu>). You **MUST** receive verbal permission from the Washington State Epidemiology section prior to sending the sample(s). All samples submitted for testing must include this fully completed submission form ([www.doh.wa.gov/phlforms](http://www.doh.wa.gov/phlforms)). Failure to fully complete this form may delay testing results.

## ENVIRONMENTAL *LEGIONELLA* SAMPLING INFORMATION

Sample ID	Specimen Type (e.g. water, swab, filter)	Sample Description/Location	Volume/Area (mL/cm <sup>2</sup> )	Time	PHL Use only
		Temp (°F):    Free Cl <sub>2</sub> (ppm):    Total Cl <sub>2</sub> (ppm):			
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Special Instructions/Comments					