



Q Laboratories

Legionella Sample Submission Form

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Rapid Testing. Reliable Results.

Customer Information	Date Submitted:
Company Name:	Billing Contact (if different):
Report Results To:	Billing Email:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Phone #:	Phone #:
<small>Please List option(s) for receiving results ONLY (electronic documents will be in Adobe Acrobat (PDF) format).</small>	PO/Facility/Testing Site:
Email to:	

Sample #	Sample ID	Sample Type				Legionella Analysis			Cultural Isolation/ Identification*	Other Analysis
		Swab	Potable 250mL	Potable 1 Liter	Non-Potable 100ml	ISO	PCR	qPCR	Yes	
1		<input type="checkbox"/>								
2		<input type="checkbox"/>								
3		<input type="checkbox"/>								
4		<input type="checkbox"/>								
5		<input type="checkbox"/>								
6		<input type="checkbox"/>								
7		<input type="checkbox"/>								
8		<input type="checkbox"/>								
9		<input type="checkbox"/>								
10		<input type="checkbox"/>								
11		<input type="checkbox"/>								
12		<input type="checkbox"/>								

*** If results are positive using PCR or qPCR and culture isolation/identification is required, it must be indicated above. Cultural isolation is performed via ISO 11731:2017, subsequent identification is conducted via the Bruker MALDI Biotyper.**

Special Instructions:	Authorizing Signature
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Completed and signed sample submission form indicates agreement with Q Laboratories terms and conditions and Authorizes Q Laboratories to perform the requested tests.