Q Laboratories
Legionella Sample Submission Form

THIS FORM SHOULD ONLY BE USED FOR *LEGIONELLA*

Q Laboratories Customer Information	Date Completed:		Purchase Order:		Site Information (Location of Sampling)
Company Name:	**Billing Contact:**				**Site Location Name:**
Report Results to Name:	**Billing Email:**				**Site Sampler's Name:**
Street Address:	**Street Address:**				**Site Description:**
City, State, Zip:	**City, State, Zip:**				*Note: The above section is to be completed only by Sampling Site personnel or a Q Laboratories Customer Representative.*
Phone #:	**Phone #:**				*Sampling Site personnel should not enter any other information in the adjacent section to the left.*
Please provide email addresses for reporting, separated by semicolons [Example: john.doe@example.com; jane.smith@example.com; reports@company.co]					
Email to:					

Sample #	Customer Sample ID	Date Collected	Sample Type (MUST Select One)				*Legionella* Analysis (MUST Select One: ISO, PCR or qPCR)			
			Swab	**Potable (250 mL)**	**Potable (1 Liter)**	**Non-Potable (100 mL)**	**ISO** (Cultural) **10-day TAT**	**PCR*** (Qualitative) **2-day TAT**	***q*PCR*** (Quantitative) **2-day TAT**	*IF YOU RECEIVE A POSITIVE PCR RESULT AND WOULD LIKE TO ALSO PROCEED WITH ISO TESTING (check this box)
1			☐	☐	☐	☐	☐	☐	☐	☐
2			☐	☐	☐	☐	☐	☐	☐	☐
3			☐	☐	☐	☐	☐	☐	☐	☐
4			☐	☐	☐	☐	☐	☐	☐	☐
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6			☐	☐	☐	☐	☐	☐	☐	☐
7			☐	☐	☐	☐	☐	☐	☐	☐
8			☐	☐	☐	☐	☐	☐	☐	☐
9			☐	☐	☐	☐	☐	☐	☐	☐
10			☐	☐	☐	☐	☐	☐	☐	☐

Special Instructions:	Authorized Signature:

*If PCR or qPCR results are positive and cultural isolation (identification) is requested, this must be clearly indicated in the far-right column above. Cultural isolation is performed in accordance with ISO 11731:2017, and microbial identification is conducted using the Bruker MALDI Biotyper system. Please note: If ISO testing is requested following a positive PCR/qPCR result, an additional 10 days will be required to complete and report results. A separate charge will apply for ISO testing.

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

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11			☐	☐	☐	☐	☐	☐	☐	☐
12			☐	☐	☐	☐	☐	☐	☐	☐
13			☐	☐	☐	☐	☐	☐	☐	☐
14			☐	☐	☐	☐	☐	☐	☐	☐
15			☐	☐	☐	☐	☐	☐	☐	☐
16			☐	☐	☐	☐	☐	☐	☐	☐
17			☐	☐	☐	☐	☐	☐	☐	☐
18			☐	☐	☐	☐	☐	☐	☐	☐
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28			☐	☐	☐	☐	☐	☐	☐	☐
29			☐	☐	☐	☐	☐	☐	☐	☐
30			☐	☐	☐	☐	☐	☐	☐	☐

Rapid Testing. Reliable Results.

QFORM-0025

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Legionella Sample Submission Form

1930 Radcliff Dr. Cincinnati, OH 45204
Phone: (513) 471-1300 • Fax: (513) 471-5600
• www.QLABORATORIES.com
• Email: office@qlaboratories.com

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31			☐	☐	☐	☐	☐	☐	☐	☐
32			☐	☐	☐	☐	☐	☐	☐	☐
33			☐	☐	☐	☐	☐	☐	☐	☐
34			☐	☐	☐	☐	☐	☐	☐	☐
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36			☐	☐	☐	☐	☐	☐	☐	☐
37			☐	☐	☐	☐	☐	☐	☐	☐
38			☐	☐	☐	☐	☐	☐	☐	☐
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41			☐	☐	☐	☐	☐	☐	☐	☐
42			☐	☐	☐	☐	☐	☐	☐	☐
43			☐	☐	☐	☐	☐	☐	☐	☐
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45			☐	☐	☐	☐	☐	☐	☐	☐
46			☐	☐	☐	☐	☐	☐	☐	☐
47			☐	☐	☐	☐	☐	☐	☐	☐
48			☐	☐	☐	☐	☐	☐	☐	☐
49			☐	☐	☐	☐	☐	☐	☐	☐
50			☐	☐	☐	☐	☐	☐	☐	☐

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