

<b>Specimens for Legionella</b>	<b>Respiratory Specimens (Sputum, BAL, tracheal aspiration, tissue, etc.)</b>
Collection Container	Any sterile freeze-proof container
Amount Required	½ cc
After Collection	Freeze immediately ≤ -20°C
Shipping	Ship frozen ≤ -20°C (super cold packs)
Where to Ship	<b>Bureau of Clinical Laboratories 8140 AUM Drive Montgomery, AL 36124-4018 PH: (334) 260-3400 Outbreak: AL1310LEG-39a</b>

**Reference Bacteriology**

Shaded area for Laboratory use only.

**ALABAMA DEPARTMENT OF PUBLIC HEALTH**

**BUREAU OF CLINICAL LABORATORIES**

8140 AUM DRIVE, P.O. BOX 244018, MONTGOMERY, ALABAMA 36124-4018  
(334) 260-3400

Name: Last		First		MI		Laboratory Information Requested: <input type="checkbox"/> Identification <input type="checkbox"/> Serology (Typing) <input type="checkbox"/> Fluorescent Antibody (FA) <input type="checkbox"/> Culture (Specify) _____ <input type="checkbox"/> Other _____	Date Received	MM	DD	YY
County Health Dept. CHR Number			Date of Birth		MM		DD	YY	CPT Code #1	
Medicaid Number			Sex	Race			CPT Code #2		CPT Code #3	
Social Security Number			Date Collected		MM		DD	YY		
Date of Onset		MM	DD	YY	Clinical Diagnosis:			Associated Illness:		

Specimen Submitted Is:  Original Material  Pure Isolate  Outbreak-Associated  Food-Associated

Source of Specimen:  Blood  Sputum  Urine  CSF  Stool  Throat  Nasopharyngeal  
 Wound (Site) \_\_\_\_\_  Fluid or Washing (Site) \_\_\_\_\_  
 Tissue (Specify) \_\_\_\_\_  Other \_\_\_\_\_

Submitted on (medium): \_\_\_\_\_ Specific Agent Suspected: \_\_\_\_\_

Clinical History:  Fever \_\_\_\_\_°  Chills  Diarrhea  Nausea  Vomiting  Malaise  Fatal  
 Headache  Septicemia  Cough  Discharge  Other \_\_\_\_\_

Antibiotic Therapy:  None  Drugs \_\_\_\_\_

Previous Laboratory Results:	Carbohydrates:	MacConkey _____	Lysine _____
Commercial code/ID # _____	Glucose _____	Oxidase _____	Arginine _____
Gram Stain _____	Xylose _____	Catalase _____	Ornithine _____
<input type="checkbox"/> Rod <input type="checkbox"/> Coccus	Mannitol _____	Nitrate _____	Urea _____
<input type="checkbox"/> Other _____	Lactose _____	Citrate _____	Indol _____
<input type="checkbox"/> Fermenter	Sucrose _____	Motility _____	MR/VP _____
<input type="checkbox"/> Non-Fermenter	Maltose _____	ONPG _____	Other _____
Growth Requirements:			
<input type="checkbox"/> Aerobic			
<input type="checkbox"/> Anaerobic			
<input type="checkbox"/> Microaerophilic			
<input type="checkbox"/> Carbon dioxide			

**Reference Bacteriology Report**

Bureau of Clinical Laboratories  
8140 AUM Drive  
Montgomery, AL 36124-4018  
PH: (334) 260-3400  
OUTBREAK AL1310LEG-39a

- Culture Mixed. Specimen is unsatisfactory. Please resubmit.
- Culture nonviable. Please resubmit.
- Specimen broken or leaked in transit. Please resubmit.
- Organism identification/presence or absence of pathogens: \_\_\_\_\_
- Other: \_\_\_\_\_

**Any specimen for Reference Bacteriology testing shipped to this Laboratory must conform to Postal Regulations 42 CFR Part 72.3 - Interstate Shipment of Etiologic Agents.**

Mail Report to: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_

MM	DD	YY
Analyst		Date Reported

\_\_\_\_\_  
Provider Number