



## Legionella Submission Form and Data Sheet

BPHL Microbiology Lab

1217 N. Pearl Street, Jacksonville, FL 32202

Collection Site: \_\_\_\_\_ Address: \_\_\_\_\_ County: \_\_\_\_\_

Epi Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Sample ID	Date Collected	Specimen Type (e.g. water, swab, filter)	Sample Description (e.g. room 253 shower)	Temp (°F)	Free Cl <sub>2</sub> (ppm)	Total Cl <sub>2</sub> (ppm)	pH