

**Test: Legionella culture**

**Specimen receiving:** Specimens for this test will be accepted from Monday thru Friday by 3:30 p.m. , except on holidays.

**Turn around Time:** 30 days

**Specimen requirements:** Properly labeled pure culture of isolate submitted on chocolate agar slant or other media such as Buffered Charcoal Yeast Extract (BCYE) agar.

**Requisition form:**

- All specimens must be submitted with the appropriate 81.3 requisition form
- Tests will be performed only with a written or faxed request from an authorized person or entity
- The requisition form must legibly include patient name (or other unique identifier)
- The name of the test to be performed must be included
- The specimen site must be indicated
- The date of specimen collection is required
- Any additional information relevant and necessary to assure accurate and timely testing and reporting of results is helpful

**Specimen transport:** Specimens may be transported at ambient temperature. They must be transported in such a way as to prevent spillage or cracking during transport. Specimen should be securely sealed with parafilm to prevent leakage in transport.

**Normal value:** N/A

**Comment:** The specimen will be forwarded to the CDC for speciation and grouping.

**Result notification:** A preliminary report will be faxed to the submitting laboratory and the Disease Investigation Branch (DIB), indicating that the specimen has been forwarded to the CDC.  
The final report will be mailed to the submitter and to the Disease Investigation Branch.

**Unacceptable conditions:**

- Specimen submitted on Petri plates
- Leaking or cracked specimens
- Contaminated or overgrown specimens
- Illegible or incomplete requisition forms
- Nonviable specimens
- Specimens without matching requisition forms
- Specimen on transport media unsuitable to support growth

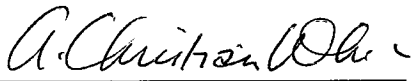
**Test location:**

State of Hawaii Dept. of Health Laboratories  
Medical Microbiology Branch  
Bacteriology-Parasitology Section  
2725 Waimano Home Road, 2<sup>nd</sup>. Floor  
Pearl City, HI 96782

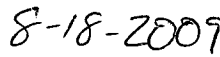
**Contact information:**

Phone: (808) 453-6706  
Fax: (808) 453-6716

Approved:



A. Christian Whelen, Ph.D.



Date

Date: August 13, 2009