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| **Legionella Antigen** | | | |
| **Synonyms** | |  |  |
| **Clinical Indication** | |  | Please give detailed clinical information, including date of onset/contact with the suspected infection and any current, or intended, antibiotic therapy. |
| **Part of Profile / See Also** | |  | Detection of Legionella pneumophila antigen in urine |
| **Request Form** | |  | Microbiology or combined Pathology manual request form or ICE request |
| **Availability / Frequency of Analysis** | |  | On request |
| **Turnaround Time** | |  | Same day |
| **Patient Preparation** | |  |  |
| **Sample Requirements** | |  |  |
| **Specimen Type** |  | Urine |
| **Volume** |  | Minimum 5 ml |
| **Container** |  | White or red capped universal bottle  Samples should be transported to laboratory immediately. |
| **Reference Range & Units** | |  |  |
| **Interferences** | |  |  |
| **Interpretation & Clinical**  **Decision Value (if applicable)** | |  | Legionella Urinary Antigen is detectable at the time of presentation and can persist for several weeks, even after antibiotic treatment. Only some strains are detectable by this method and a negative result does not exclude the diagnosis. |
| **References** | |  |  |
| **Test code** | |  | **ACP** |
| **Lab Handling** | |  | Samples should be tested as soon as possible |

