



# NATIONAL SURVEILLANCE SCHEME FOR LEGIONNAIRES' DISEASE

## INFORMATION REQUEST

In order to assist with processing your query successfully and for audit purposes, please complete the following form. Please note that outside of the day to day information exchange on case details as part of ongoing surveillance activities, only aggregated data is provided – patient identifiable information is not available.

**PLEASE RETURN THIS FORM BY FAX OR POST TO:** Legionella Section  
Respiratory & Systemic Infections Department  
Health Protection Agency, Centre for Infections  
61 Colindale Avenue  
London NW9 5EQ  
Fax: 020 8200 7868  
Email: [legionella@hpa.org.uk](mailto:legionella@hpa.org.uk)

***Please state what data items/information you are requesting:***

e.g. Year of onset, age group, sex, etc...Please list data items;

***Please specify if you want information on cases that are:***

Pneumonic     Non-Pneumonic     Pneumonic and Non-Pneumonic

***Please state the purpose to which the information will be put\*:***

***Please state how soon you need the information:***

***Please provide your contact details:***

Name;  
Job Title;  
Organisation;  
Address;

E-mail;

\*Any material arising from this data should acknowledge the source as the HPA National Surveillance Scheme for Legionnaires' disease in Residents of England and Wales.

\*\*The written permission of the consultant epidemiologist, Legionella Section, RSID, HPA Centre for Infections, London must be sought before any publication of this data in paper or electronic format is made.

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The views expressed here are those of the author(s); no official endorsement by the Health Protection Agency is intended or should be inferred.

I agree to the conditions set out in this form:

Name

Signature ..... Date