



**CLUSTER INVESTIGATION**  
**Genomic Subtyping Request for *Enterobacteriaceae***

<b>Date</b> _____	<b>Contact Person</b> _____
<b>Organism (Genus, species)</b> _____	<b>Telephone Number</b> _____
<b>CD Unit/Health Authority</b> _____	<b>Fax Number</b> _____
<b>Acute Care Facility</b> _____	<b>Send Report To</b> _____

**Cluster Details:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cases are epidemiologically linked?  Yes  No    If Yes, indicate how:  
 Food poisoning     Contact of case(s)     Other risk factors:  
 Common event     Travel    \_\_\_\_\_

**Line List:** (Please attach spreadsheet/line list if more cases/specimens are in your cluster)

<b>Patient Name:</b>	<b>PHN:</b>	<b>DOB (DD/MM/YY):</b>	<b>BCCDC PHL Accession:</b>	<b>Patient Location:</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Comments:**

**INTERNAL USE ONLY**

**Approved by:**     Yes     No

Dr. L. Hoang, Program Head, Bacteriology & Mycology Laboratory, BCCDC Public Health Laboratory  
Bacteriology & Mycology

OR

Medical Microbiologist on call, (Name): \_\_\_\_\_