



## Whole Genome Sequencing (WGS) Request

### Instructions:

1. Fill out all required fields in Section 1 - Requestor Information
2. Identify which testing section in Section 2 - Testing Details is applicable to your request and complete all required fields in **one** section
3. Provide all patient and sample information in Section 3 - Patient and Sample Information (If more than 25 samples are being submitted for a single investigation, please contact [BCCDCWGSRequest@bccdc.ca](mailto:BCCDCWGSRequest@bccdc.ca) for approval prior to completing this form)

**Please password encrypt the completed form and send to [BCCDCWGSRequest@bccdc.ca](mailto:BCCDCWGSRequest@bccdc.ca). A confirmation email will be sent to you when the request has been received, processed, and approved.**

### Section 1 - Requestor Information

<b>Date</b> (YYYY-MM-DD) _____	<b>Telephone Number</b> (XXX-XXX-XXXX) _____
<b>Contact Person</b> _____	<b>Fax Number</b> (XXX-XXX-XXXX) _____
<b>Institution</b> _____	<b>Email Report To</b> (separate multiple emails by ; with no spaces) _____
<b>Number of Samples to be Sent</b> _____	_____
<b>Name of Investigation</b> (e.g. SMH_31.25_KPC) _____	

### Section 2 - Testing Details (complete one of the following)

**Health Care Associated Infection —HCAI** (e.g. MRSA, CDAD)

**Organism of Interest (Genus, species):** \_\_\_\_\_

**Type of Investigation (select one):**

Outbreak/Cluster     Reinfection     Study     Surveillance     Other, explain: \_\_\_\_\_

**Provide details of suspected cluster, outbreak, or epidemiologically linked cases:** \_\_\_\_\_

---

**CPO Infection**

**Organism (Genus, species) or Gene of Interest:** \_\_\_\_\_

**Type of Investigation (select one):**

Outbreak/Cluster     Unknown epidemiological source     Healthcare exposure     Travel-associated

Other, explain: \_\_\_\_\_

**Provide details of suspected cluster, outbreak, or epidemiologically linked cases:** \_\_\_\_\_

---

**Mycobacteria** (e.g. Tuberculosis)

*Mycobacterium tuberculosis*

Nontuberculous *Mycobacteria* —NTM (specify species): \_\_\_\_\_

**Other relevant details related to this request:** \_\_\_\_\_

---

**Other** (e.g. influenza, SARS-CoV-2, Mpox)

**Organism of Interest (Genus, species):** \_\_\_\_\_

**Type of Investigation (select one):**

Outbreak/Cluster     Reinfection     Study     Surveillance     Vaccine-related

Variant identity     Other, explain: \_\_\_\_\_

**Provide details of suspected cluster, outbreak, or epidemiologically linked cases:** \_\_\_\_\_

