



CLUSTER INVESTIGATION
Genomic Subtyping Request for *Enterobacteriaceae*

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

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)

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

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): _____