



CLUSTER INVESTIGATION
Genomic Subtyping Request for SARS-CoV-2

Date _____	Contact Person _____
Organism (Genus, species) <u>SARS-CoV-2</u>	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:

Health care exposure 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):	CT Values from COVID NAT (if available):	
			RdRP Gene:	E Gene:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If these specimens were tested for COVID-19 at a lab **other** than the BCCDC, please ensure the samples have been sent to BCCDC for WGS analysis.

Comments:

INTERNAL USE ONLY

Approved by: Yes No

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

OR Dr. N. Prystajeky, Program Head, Environmental Microbiology, BCCDC Public Health Laboratory

OR Medical Microbiologist on call, (Name): _____