



CLUSTER INVESTIGATION Whole Genome Sequencing for *Mycobacteria*

Date _____ **Contact Person** _____
Organism (Genus, species) _____ **Telephone Number** _____
CD Unit/Health Authority _____ **Fax Number** _____
Acute Care Facility _____ **Send Report To** _____
Are multiple HAs involved? Please list if yes: _____

Request Details: _____

Common patient demographics? Please state below if yes:

Household contact Aggregate living exposure (e.g. shelter or similar)
 Close Details: _____

Workplace exposure
 Close Not Close Other risk factors:
Details: _____

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

Patient Name	PHN	DOB (YYYY/MM/DD)	Collection Date (YYYY/MM/DD)	HA	Sample Type

Comments:

Would you like to attend the next scheduled Cluster Meeting for additional discussion of the report to be provided?

Yes No **Comments:** _____