



CLUSTER INVESTIGATION
(Health Care Associated)
Approval form for Molecular Subtyping

Date _____
Contact Person _____
Institution _____
Type of Sample _____
Organism (Genus, species) _____

Telephone Number _____
Fax Number _____
Send Report To _____
Number of Samples to be Sent _____

Questions:

1. Suspected cluster or outbreaks? Yes No
2. Cases are epidemiologically linked? Yes No
3. Provide details: _____

4. Isolates are similar / identical
 - By antibiogram?
 - Biochemical tests?

(Samples will be accepted for subtyping if answer is yes to questions 1-4)

Instructions for submitting laboratory:

- Isolates must be freshly grown on blood agar plates or slants and submitted together with a BCCDC Public Health Laboratory (BCCDC PHL) Bacteriology and Mycology **requisition** for each isolate. Use the side requesting **Isolates Submitted for Identification**.
- If BCCDC PHL already has isolate provide details below.

Patient Name:	PHN:	DOB:	BCCDC PHL Accession number	Patient Location
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If requesting additional samples for analysis, please append list to this form.

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): _____