



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

<b>Date</b> _____	<b>Telephone Number</b> _____
<b>Contact Person</b> _____	<b>Fax Number</b> _____
<b>Institution</b> _____	<b>Send Report To</b> _____
<b>Type of Sample</b> _____	<b>Number of Samples to be Sent</b> _____
<b>Organism (Genus, species)</b> _____	

**Questions:**

- Suspected cluster or outbreaks?  Yes  No
- Cases are epidemiologically linked?  Yes  No
- Provide details: \_\_\_\_\_  
\_\_\_\_\_
- 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.

<b>Patient Name:</b>	<b>PHN:</b>	<b>DOB:</b>	<b>BCCDC PHL Accession number</b>	<b>Patient Location</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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): \_\_\_\_\_