

Whole Genome Sequencing Test Request

(Please complete all required information as much as possible)

Patient's name (last, first):
Age or DOB:
Gender:
Patient's address:
Requested By:
Submitter information
Submitting Lab Name:
Address:
Phone number:
Fax number:
Email:
Test requested <input type="checkbox"/> Whole Genome Sequencing Primary Analysis: Includes <i>de novo</i> assembly of the sequences into a draft genome and species identity confirmation. <input type="checkbox"/> Whole Genome Sequencing Secondary Analysis: Includes <i>in silico</i> MLST typing (for organisms which have an MLST scheme), <i>in silico</i> antibiotic resistance gene detection, virulence genes detection (for applicable organisms), and phylogenetic relationships. <input type="checkbox"/> Raw sequence data: FASTQ files transferred via secure FTP <input type="checkbox"/> Other (specify):
Batch Analysis <input type="checkbox"/> Check this box if this sample is part of a batch of samples for combined Secondary Analysis.

MDL USE Core lab number:

Received date:

Submitting Lab ID number:
Species and strain (if available):
Gram stain:
Collection date:
Sample source:
Sample type <input type="checkbox"/> Bacterial DNA <input type="checkbox"/> Bacterial pure culture on solid media <input type="checkbox"/> Bacterial pure culture in liquid media <input type="checkbox"/> Bacterial pure culture in freezing media <input type="checkbox"/> Fungal DNA <input type="checkbox"/> Fungal culture <input type="checkbox"/> Clinical specimen (specify): <input type="checkbox"/> Other (specify):
Comments:

(Do not write below this line)

Other MDL ID:	Sample handling <input type="checkbox"/> Processed <input type="checkbox"/> Stored <input type="checkbox"/> Rejected
Report <input type="checkbox"/> Report requested; Date issued: <input type="checkbox"/> No report was requested	Comments: