

**CENTRE OF INFECTIOUS DISEASES AND MICROBIOLOGY-PUBLIC HEALTH  
WORKSHOP ON MICROBIAL WHOLE GENOME SEQUENCING**

**EXPRESSION OF INTEREST**

The information given on this form will enable the organisers to determine the eligibility of the clinical isolates, and will then be subject to assessment by the CIDM-PH Selection Committee. Please ensure that the form is returned before the 12<sup>th</sup> of November 2011, either by email or fax to:

**Dr Vitali Sintchenko, CIDM-PH, Level 3, ICPMR, Westmead Hospital, Westmead, NSW 2145, Australia. Email: [vitali.sintchenko@swahs.health.nsw.gov.au](mailto:vitali.sintchenko@swahs.health.nsw.gov.au) Fax: +612 9893 8659.**

Late applications will not be considered. Successful applicants will be notified by the 16 Dec 2011

**Q1. APPLICANT DETAILS**

**Your Name:**

First Name		Last Name	
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Your work address: 

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Tel: Work 



 Mobile 



 Fax:

Email: 

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Do you have a:                      PhD    YES     NO     Medical Degree    YES     NO

Current Position: 

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**Q2. WORKSHOP PARTICIPATION**

Would you like to attend the WGS Workshop and to submit your isolate?                      YES     NO

If "YES", What is the **species name of your isolate**?: \_\_\_\_\_

What is the GenBank Accession Number of the **reference genome**?: \_\_\_\_\_

Please describe in *less than 100 words* the clinical or public health significance of your isolate and the potential utility of its WGS for your practice (Note: The Selection Committee will rely on this section for making their assessment).