



** SMiRL USE ONLY **	
SMiRL code	
Booked in by	
Checked by	
Scan 1	
PID	
Cultured by	

Do you suspect that any of the isolates/specimens you are referring could be Hazard Group 3 or 4? Yes No
Please provide further details/preliminary ID results below.

PATIENT/SPECIMEN DETAILS	
CHI Number:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Surname:	Address:
Forename:	
Date of Birth:	Post Code:
SENDER'S INFORMATION/CONTACT DETAILS	
Sending Lab/Consultant:	Sending Lab Address:
Secondary Location (Hospital/Ward):	
Contact Number:	
SPECIMEN DETAILS	
Date/Time Collected:	Sender's Reference Number:
Specimen Type:	
Clinical details:	
SENDING LAB RESULTS - please provide an organism ID and any relevant antibiotic MICs as per referral criteria	
Organism ID:	MIC:
Referral Criteria - please select	
Organism	Referral Criteria
<i>Haemophilus influenzae</i>	<input type="checkbox"/> Sterile site isolate (ID, AST and typing) <input type="checkbox"/> All 3 rd /4 th & 5 th gen. cephalosporin and carbapenem resistant isolates (ID, AST and typing) <input type="checkbox"/> Patient sample for bacterial PCR
<i>Legionella species</i>	<input type="checkbox"/> Urine for urinary antigen ELISA <input type="checkbox"/> Patient and related environmental isolates (ID and typing) <input type="checkbox"/> Patient respiratory sample for PCR and culture
<i>Streptococcus pneumoniae</i>	<input type="checkbox"/> Sterile site isolate (ID, AST and typing) <input type="checkbox"/> All isolates penicillin MIC > 2mg/L <input type="checkbox"/> All third generation cephalosporin intermediate or resistant isolates <input type="checkbox"/> All vancomycin, teicoplanin, linezolid, or rifampicin resistant isolates <input type="checkbox"/> Patient sample for bacterial PCR
<i>Neisseria meningitidis</i>	<input type="checkbox"/> Sterile site isolate (ID, AST and typing) <input type="checkbox"/> Non sterile site isolate from suspected cases (ID, AST and typing) <input type="checkbox"/> Patient sample for bacterial PCR
<i>Streptococcus pyogenes</i> (GAS)	<input type="checkbox"/> Sterile site isolate <input type="checkbox"/> Necrotising fasciitis <input type="checkbox"/> Serious soft tissue infection (<i>emm</i> typing) <input type="checkbox"/> Any isolates linked to outbreaks including health care and maternity settings <input type="checkbox"/> All penicillin, cephalosporin, vancomycin, teicoplanin, daptomycin, linezolid or tigecycline resistant isolates
<i>Bordetella pertussis</i>	<input type="checkbox"/> Serum for IgG determination to pertussis toxin