

**\*\* SMiRL USE ONLY \*\***

SMiRL code	
Booked in by	
Checked by	
Scan 1	
PID	

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 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 & TEST(S) REQUIRED	
Date/Time Collected:	Sender's Reference Number:
Specimen Type:	
Is this sample part of an outbreak? Yes <input type="checkbox"/>	No <input type="checkbox"/>
SENDING LAB RESULTS	
Please detail microscopy results/reason for referral.	
TEST(S) REQUIRED:	
Additional information/ Clinical Details / Please state recent foreign travel (region and dates), animal contact, fresh water and last date of possible exposure:	