NHS Greater Glasgow and Clyde

Diagnostic & Reference Parasitology Service

SMiRL (Glasgow)
Level 5, New Lister Building
Glasgow Royal Infirmary,
10-16 Alexandra Parade,
Glasgow G31 2ER
0141 242 9631

** 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? ☐ Yes ☐ No
Or Hazard Group 4? ☐ Yes ☐ No

Please provide further details/preliminary ID results below.

PATIENT DETAILS	
CHI Number:	Sex: ☐ Male ☐ 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 ☐	No ☐
TEST(S) REQUIRED	
SENDING LAB RESULTS	
Please detail microscopy results/reason for referral.	
Additional information/ Clinical Details / Please state recent foreign travel (region and dates), animal contact, fresh water and last date of possible exposure:	