NHS Greater Glasgow and Clyde

Clostridioides difficile

Enteric Bacterial Infections Service
SMiRL (Glasgow)
Level 5, New Lister Building,
Glasgow Royal Infirmary,
10-16 Alexandra Parade,
Glasgow G31 2ER
0141 201 8663

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

Please provide further details/preliminary ID results below.

PATIENT DETAILS	
CHI Number:	Sex: Male ☐ Female ☐
Surname (species if animal):	Address:
Forename (ref # if animal):	
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:
Isolate site:	
SENDING LAB RESULTS - please provide an organism ID and any relevant antibiotic MICs as per referral criteria	
Organism ID:	MIC:
CLINICAL DETAILS – please indicate all applicable criteria	
Community case ☐	Hospital case ☐
SNAPSHOT ISOLATE? YES ☐ NO ☐	If **Yes**, please specify disease severity: Mild ☐ Moderate ☐ Severe ☐
OUTBREAK CASE? YES ☐ NO ☐	If **Yes**, please specify the total number of suspected cases to date:
SEVERE CASE? YES ☐ NO ☐	
Fatal case ☐	Toxic megacolon (including surgery/colectomy) ☐ Pseudomembranous Colitis ☐
Admitted from community for treatment of CDI ☐	Admitted to ITU for CDI or its complications ☐
Refractory case ☐ (patient remains symptomatic AND toxin positive, despite more than 2 courses of appropriate treatment)	
Previous antibiotic therapy:	Current antibiotic therapy:
Other relevant clinical details:	