



** 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 DETAILS	
CHI Number:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Surname (species if animal):	Address:
Forename (ref # if animal):	
Date of Birth:	Post Code:
SENDER'S INFORMATION/CONTACT DETAILS	
Sending Lab/Consultant:	
Secondary Location (Hospital/Ward)	
Contact Number:	
SPECIMEN DETAILS	
Date/Time Collected:	Sender's Reference Number:
Source of Culture: <input type="checkbox"/> Human <input type="checkbox"/> Vet <input type="checkbox"/> Other	
Isolated from: (e.g. gut, blood, urine, etc.)	
SENDING LAB RESULTS - please provide an organism ID and any relevant antibiotic MICs as per the referral criteria	
Organism ID:	MIC:
Suspected serotype:	
Human Isolates only	
<input type="checkbox"/> Sporadic <input type="checkbox"/> Family Outbreak <input type="checkbox"/> Institutional Outbreak	
Suspect food:	Recent foreign travel history:
Date of onset:	
<input type="checkbox"/> Gastroenteritis <input type="checkbox"/> Enteric Fever	
<input type="checkbox"/> Bloody diarrhoea <input type="checkbox"/> Other symptoms (specify)	
<input type="checkbox"/> Symptomless <input type="checkbox"/> Fatal Case	
Additional information:	