NHS
Greater Glasgow and Clyde

Salmonella & Shigella

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:	
Secondary Location (Hospital/Ward)	
Contact Number:	
SPECIMEN DETAILS	
Date/Time Collected:	Sender's Reference Number:
Source of Culture: Human ☐	Vet ☐ 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	
Sporadic ☐ Family Outbreak ☐	Institutional Outbreak ☐
Suspect food:	Recent foreign travel history:
Date of onset:	
Gastroenteritis ☐	Enteric Fever ☐
Bloody diarrhoea ☐	Other symptoms (specify) ☐
Symptomless ☐	Fatal Case ☐
Additional information:	