



** 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:	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**

Date/Time Collected:	Sender's Reference Number:
Isolate site:	
Clinical details:	

**SENDING LAB RESULTS - please provide organism ID and any relevant antibiotic MICs as per referral criteria**

<b>Organism ID:</b>	<b>MIC:</b>
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**Referral Criteria - please select all which apply**

Organism	Referral Criteria	
<i>Enterobacteriales</i>	Meropenem MIC >0.125 mg/L	<input type="checkbox"/>
	Temocillin MIC ≥64mg/L	<input type="checkbox"/>
	Ceftazidime-avibactam resistance	<input type="checkbox"/>
	Colistin resistance by commercial broth microdilution (not including isolates which exhibit intrinsic resistance)	<input type="checkbox"/>
	Cefiderocol resistance	<input type="checkbox"/>
<i>Acinetobacter spp.</i>	Meropenem or Imipenem resistance	<input type="checkbox"/>
	Colistin resistance by commercial broth microdilution	<input type="checkbox"/>
<i>Pseudomonas aeruginosa</i>	Ceftolozane-tazobactam resistance MIC ≥4mg/L	<input type="checkbox"/>
	Meropenem/imipenem AND ceftazidime AND piperacillin/tazobactam resistance	<input type="checkbox"/>
	Colistin resistance by commercial broth microdilution	<input type="checkbox"/>
Isolate for sensitivity testing <b>ONLY</b> - molecular testing not required for this isolate		<input type="checkbox"/>
MDR Gram Negatives	Cefiderocol Sensitivity Testing	<input type="checkbox"/>

Further relevant information: