

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.

**** SMiRL USE ONLY ****

SMiRL code	
Booked in by	
Checked by	
Scan 1	
PID	
Cultured by	

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

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

Organism ID:	MIC:
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Referral Criteria - please select all which apply

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

Further relevant information: