



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.

** SMiRL USE ONLY **	
SMiRL code	
Booked in by	
Checked by	
Scan 1	
PID	
Cultured by	

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:	Sending Lab Address:
Secondary Location (Hospital/Ward):	
Contact Number:	
SPECIMEN DETAILS	
Date/Time Collected:	Sender's Reference Number:
Isolate site:	
ISOLATE TYPE & TEST(S) REQUIRED -please provide an organism ID and any relevant antibiotic MICs	
Isolate type:	
MRSA <input type="checkbox"/> MSSA <input type="checkbox"/> ?MRSA <input type="checkbox"/> MRSP <input type="checkbox"/> MSSP <input type="checkbox"/>	
CNS <input type="checkbox"/> Species (if known):	
VRE <input type="checkbox"/> <i>E. faecium</i> <input type="checkbox"/>	
Is this isolate part of an outbreak/transmission event?	Yes <input type="checkbox"/> No <input type="checkbox"/>
EARSS Isolate i.e. first blood isolate of MSSA or MRSA	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, is the isolate device associated?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
Additional information/ relevant clinical details e.g. if toxin (specify) is suspected:	