NHS Greater Glasgow and Clyde

Scottish MRSA Reference Laboratory

SMiRL (Glasgow)
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** 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:	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 ☐ MSSA ☐ ?MRSA ☐ MRSP ☐ MSSP ☐	
CNS ☐ Species (if known):	
Is this isolate part of an outbreak/transmission event? Yes ☐ No ☐	
EARSS Isolate i.e. first blood isolate of MSSA or MRSA Yes ☐ No ☐	
If Yes, is the isolate device associated? Yes ☐ No ☐ Unknown ☐	
Additional information/ relevant clinical details e.g. if toxin (specify) is suspected:	