

**\*\* 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: Male <input type="checkbox"/> Female <input type="checkbox"/>
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:	

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

Organism ID:	MIC:
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**CLINICAL DETAILS - please indicate all applicable criteria**

Community case <input type="checkbox"/>	Hospital case <input type="checkbox"/>
<b>SNAPSHOT ISOLATE?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, please specify disease severity: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	
<b>OUTBREAK CASE?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, please specify the total number of suspected cases to date:	
<b>SEVERE CASE?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
Fatal case <input type="checkbox"/>	Toxic megacolon (including surgery/colectomy) <input type="checkbox"/> Pseudomembranous Colitis <input type="checkbox"/>
Admitted from community for treatment of CDI <input type="checkbox"/>	Admitted to ITU for CDI or its complications <input type="checkbox"/>
Refractory case <input type="checkbox"/> (patient remains symptomatic AND toxin positive, despite more than 2 courses of appropriate treatment)	
Previous antibiotic therapy:	Current antibiotic therapy:
Other relevant clinical details:	