**National *Salmonella*, *Shigella* & *Listeria* Reference Laboratory,**

 **Department of Medical Microbiology, GUH, Galway (091) 544628**

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|  **NSSLRL Use Only**  |
| **NSSLRL number****NSSLRL Receipt Date** | **NSSLRL APEX codes:** |

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|  **Senders Information**  |
| **\*Referring Laboratory:**  | \***Contact Name & Number**(Clinical microbiologist)  |
| \***Sender’s Reference Number:**  | **\* Primary Sample Date:**  |
| **\*Isolate Details:***Salmonella* ⁪ *Shigella* ⁪ *Listeria*⁪ | **Isolation Date** (optional) |
| **Senders Lab Findings**: **\*** If you suspect the specimen requires handling at CL 3 please tick ⁪ ? *S*. Typhi ⁪ ? *S*. Paratyphi ⁪ ? *Shigella dysenteriae*  |

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|  **Non-Human Isolates** |
| **\*** Live Animal: | Bovine ⁪ Swine ⁪ Poultry ⁪  |
| **\*** Food:  | Bovine ⁪ Swine ⁪ Poultry ⁪  |
| **\*** Other Source/ Environmental: (please specify)  |  |

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|  **Human Isolates** |
| **\* Surname**: **\* First Name**: |
| **\* D.O.B**: **\* Sex**: M ⁪ F⁪ Unknown⁪ |
| **Address**: |
| **Clinical/ Epidemiological information:** ⁪ Foreign travel (State country) ⁪ Animal contact (please specify) ⁪Outbreak Associated(please specify) ⁪Transmission mode, e.g. Implicated food, person-to-person |
| **\* Isolate Source**: ⁪Faeces ⁪Blood ⁪CSF ⁪ Other (please specify)  |

\* All these fields are compulsory to comply with minimum laboratory requirements