Dept of Medical Microbiology, Division of Clinical Microbiology, Galway University Hospitals			
NSSLRL Request Form	Version: 2.2	Ref: NSRLFM 001	
Prepared by: Niall De Lappe	Issue Date: 12/01/2012	Page 1 of 1	

NATIONAL SALMONELLA, SHIGELLA & LISTERIA REFERENCE LABORATORY, DEPARTMENT OF MEDICAL MICROBIOLOGY, GUH, GALWAY (091) 544628

NSSLRL Use Only				
NSSLRL number		NSSLRL APEX codes:		
NSSLRL Receipt Date				
C J T F 4°				
*Referring Laboratory:	rv: Senders Information *Contact Name & Number			
Referring Laboratory.		(Clinical microbiologist)		
*Sender's Reference Number:		* Primary Sample Date:		
Schuer's Reference Number.		Timary Sample Date.		
*Isolate Details:		Isolation Date (optional)		
Salmonella □ Shigella □ Listeria□		.		
Senders Lab Findings:				
* If you suspect the specimen requires handling at CL 3 please tick ☐ ? S. Typhi ☐ ? S. Paratyphi ☐ ? Shigella dysenteriae				
Non-Human Isolates				
* Live Animal:	Bovine Swine Poultry			
* Food:	Bovine Swin	ne Poultry		
* Other Source/ Environmental:				
(please specify)				
Human Isolates				
* Surname:				
* D.O.B:	* Sex:	$M \square F \square Unknown \square$		
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

Authorised by: Frances Higgins