

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

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

<b>NSSLRL Use Only</b>	
<b>NSSLRL number</b>	<b>NSSLRL APEX codes:</b>
<b>NSSLRL Receipt Date</b>	

<b>Senders Information</b>	
<b>*Referring Laboratory:</b>	<b>*Contact Name &amp; Number</b> (Clinical microbiologist)
<b>*Sender's Reference Number:</b>	<b>* Primary Sample Date:</b>
<b>*Isolate Details:</b> <i>Salmonella</i> <input type="checkbox"/> <i>Shigella</i> <input type="checkbox"/> <i>Listeria</i> <input type="checkbox"/>	<b>Isolation Date</b> (optional)
<b>Senders Lab Findings:</b>	
<p>* If you suspect the specimen requires handling at CL 3 please tick</p> <input type="checkbox"/> ? <i>S. Typhi</i> <input type="checkbox"/> ? <i>S. Paratyphi</i> <input type="checkbox"/> ? <i>Shigella dysenteriae</i>	

<b>Non-Human Isolates</b>	
<b>* Live Animal:</b>	Bovine <input type="checkbox"/> Swine <input type="checkbox"/> Poultry <input type="checkbox"/>
<b>* Food:</b>	Bovine <input type="checkbox"/> Swine <input type="checkbox"/> Poultry <input type="checkbox"/>
<b>* Other Source/ Environmental:</b> (please specify)	

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

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