**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:** |

|  |  |
| --- | --- |
| **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