

SCOTTISH SALMONELLA AND SHIGELLA REFERENCE SERVICE

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For Ref.Lab. use only

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[K] Year:

Request for (delete where appropriate) Salmonella, Shigella E. coli, serotyping/ phage typing.
 (SEND SEPARATE FORM FOR EACH CULTURE)

C.D.S. Code:	Sender's Name & Address
Sender's Reference Number:	
Date Sample Taken:	Date of Isolation:

SOURCE OF CULTURE (Tick box or specify)

HUMAN

NON-HUMAN

Sporadic:
Family outbreak:
Institutional outbreak i.e. Wedding, etc.:
Suspect Food:
Other (Specify):
Has patient recently returned from abroad? YES / NO If so, state which country
TRAVEL BY AIR

Specify: Source, Material, Location, Farm, Address, Animal, Species	
Imported Material YES/NO	
NOT KNOWN	
f imported, state country of origin	
If foodstuff, specify	

FOR HUMAN SOURCES ONLY (Tick box or specify)

Patients Name & Address	
Post code	
Occupation	
Age	DOB
Chi Number: -	
Sex	Male
	Female
	Not known

Clinical Details
Date of onset
Gastroenteritis
Enteric fever
Bloody diarrhoea
Other symptoms (Specify)
Fatal Cause
Symptomless
Not known

Nature of Specimen
Gut
Blood
C.S.F
Pus
Urine
Other (Specify)

SENDER'S LABORATORY FINDINGS AND COMMENTS

Suspected serotype	S. Typhi	
	S. Paratyphi	
	S. Typhimurium	
	S. Enteritidis	
	S. Virchow	
	Other	

SALMONELLA SEROLOGY - MICROTITRE METHOD

	1	2	3	4	5	6	7	8	9	10	11	12
01	2,12	4,5,12	6,7,8	9,12	3,10	13,23	11	1	20	34	46	CONTROL
02	2	4	5	7	8	9	10	14	15	19	22	23
H1	1.7	EN	L	G	d	i	m	r	z10	y	2	CONTROL
H2	b	eh	x	z15	f	p	s	t	z	v	7	CONTROL
H3	5	6	w	k	u	z4	z6	z23	z24	z29	q	CONTROL

XCRG Date	CRAIGIE
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Subgenus	Comments	Antigenic Structure
Serotype		Phage type