

Lyme disease and tick-borne infections request form

(Please complete as fully as possible. A minimum of three forms of identification required)

Patient information

Surname:	DOB/CHI:	
Forename:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address/Postcode:		

Sample information

Sample type

Sender's Ref No.:	<input type="checkbox"/> Serum (500µl) <i>Serology</i> <input type="checkbox"/> Plasma (500µl) <input type="checkbox"/> CSF [#] (1ml) (MUST be supplied with paired serum i.e. same day)
Date collected:	
Test required: <input type="checkbox"/> <i>B. burgdorferi</i> (Lyme disease) serology <input type="checkbox"/> Pan-borrelia PCR <input type="checkbox"/> Anaplasma PCR	
<input type="checkbox"/> EDTA whole blood, unspun (5ml) <input type="checkbox"/> Joint fluid (200µl) <input type="checkbox"/> Tissue (25mg) <i>PCR</i>	

Clinical information

Date of onset/duration of symptoms:		Additional clinical information:
<input type="checkbox"/> Erythema migrans <input type="checkbox"/> Other rash <input type="checkbox"/> Arthritis <input type="checkbox"/> Meningitis [#] <input type="checkbox"/> Other neurological [#] <input type="checkbox"/> Ocular	<input type="checkbox"/> Cardiac <input type="checkbox"/> Arthralgia <input type="checkbox"/> Myalgia <input type="checkbox"/> Headache <input type="checkbox"/> Fatigue <input type="checkbox"/> Fever	
NB: Asymptomatic or EM: testing not indicated (NICE guidelines)		
[#] For CSF serology please provide: WCC cells/mm ³ /litre		Treatment given (onset/duration):

Sender's information

Exposure details

Sender's name and address:	Tick bite: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know Date of bite/exposure:
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