

DX6180102 - 90IV

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) <input type="checkbox"/> Plasma (500µl) <input type="checkbox"/> EDTA whole blood (5ml) <input type="checkbox"/> Joint fluid (200µl) <input type="checkbox"/> Tissue (25mg) <input type="checkbox"/> CSF (1ml)(Supply with paired serum)*
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	

Clinical information

Signs/symptoms:

Tick bite: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<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 <input type="checkbox"/> Thrombocytopenia <input type="checkbox"/> Leucopenia																
Date of bite:																		
Where was patient when bitten? (Country/UK area)	*For CSF sample testing (if data available): <table border="0"> <tr> <td colspan="2" style="text-align: center;">Serum</td> <td colspan="2" style="text-align: center;">CSF</td> </tr> <tr> <td>Albumin</td> <td style="text-align: center;">g/l</td> <td>Albumin</td> <td style="text-align: center;">mg/l</td> </tr> <tr> <td>IgG</td> <td style="text-align: center;">g/l</td> <td>IgG</td> <td style="text-align: center;">mg/l</td> </tr> <tr> <td></td> <td></td> <td>WCC</td> <td style="text-align: center;">cells/mm³</td> </tr> </table>		Serum		CSF		Albumin	g/l	Albumin	mg/l	IgG	g/l	IgG	mg/l			WCC	cells/mm ³
Serum			CSF															
Albumin			g/l	Albumin	mg/l													
IgG	g/l	IgG	mg/l															
		WCC	cells/mm ³															
Relevant occupational/recreational exposure:																		
Treatment given (onset/duration):																		
Date of onset of signs/ symptoms:																		

Sender's information

Sender's name and address:	Additional details/clinical information:
----------------------------	--