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| Author/Reviewer | S Feeney | Authoriser | C McCaughey |
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| Lyme Disease Serology | | | |

Send to: REGIONAL VIRUS LABORATORY, Kelvin Building, Royal Group of Hospitals Trust, Grosvenor Road, Belfast BT12 6BA. Direct Tel 028 96 155645 (9am-5pm Mon-Fri)
AFFIX LABEL OR ENTER DETAILS LEGIBLY

| | | | |
|------------------|---------|---------------------------|--|
| Male/Female | Surname | Forename | D.O.B. |
| Patients Address | | H&C Number | NHS <input type="checkbox"/> Cat 2 <input type="checkbox"/> Private <input type="checkbox"/> |
| | | Hospital | Consultant /GP |
| Postcode | | Ward / Clinic / GP Cypher | |

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|--|----------------------|---------|
| Information is required to guide testing and to inform interpretive comments. | | |
| History of tick bite? Yes <input type="checkbox"/> No <input type="checkbox"/> if yes, date of tick bite/approx time ago _____ | | |
| Geographical location for tick bite/ travel history _____ | | |
| Relevant risk: hobby _____ occupation _____ travel _____ | | |
| Clinical features: _____ | | |
| State date of onset _____ | | |
| Erythema migrans Yes <input type="checkbox"/> No <input type="checkbox"/> Other rash <input type="checkbox"/> _____ | | |
| Symptoms and signs <12 weeks <input type="checkbox"/> BBU | | |
| Symptoms and signs >12 weeks <input type="checkbox"/> BBU BBUQ | | |
| Recent antimicrobial treatment _____ | | |
| Specimen type Clotted blood <input type="checkbox"/> | Specimen Date & Time | Lab use |
| Signature | | |

- Transport specimens to laboratory in sealed specimen bags. Ensure specimen container lids are well secured to prevent leakage in transit.
- For clinical virology advice contact Duty Virologist E-mail bl.dutyvirologist@belfasttrust.hscni.net Mobile 07889086946
- Suspected/confirmed cases of Lyme disease should be reported to Public Health Phone PHA Duty room at 0300 555 0119