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| Revision Number | 4.0 | Document Number | M-1874 |
| Author/Reviewer | S Feeney | Authoriser | K Li |
| Active Date | 30/09/2022 | Page Number | Page 1 of 1 |
| Effective Date | 30/09/2022 | Document Type | Laboratory Form |
| Lyme Disease Serology | | | |

Send to: REGIONAL VIRUS LABORATORY, Kelvin Building, Royal Group of Hospitals Trust, Grosvenor Road, Belfast BT12 6BA. Direct Tel 028 96 151777 (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 | |

Information is required to guide testing and to inform interpretive comments.

History of tick bite? Yes No 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 No Other rash _____

Symptoms and signs <12 weeks BBU

Symptoms and signs >12 weeks 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