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Author/Reviewer	S. Feeney	Authoriser	K. Li
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Effective Date	04/06/2024	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	
_____		HCP Code <u>AND</u> Consultant /GP	
Postcode		Source Code/ Ward / Clinic	
_____		_____	

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 LYME

Symptoms and signs >12 weeks LYME LYMES

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 blt.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