



Please write clearly in dark ink

## SENDER'S INFORMATION

Sender's name and address

Direct Phone

Direct Phone (out of hours)

Postcode

## PATIENT/SOURCE INFORMATION

☐ Inpatient ☐ Outpatient ☐ GP Patient ☐ Other\*

\*Please specify

NHS number

Surname

Forename

Hospital number

Hospital name (if different from sender's name)

Gender ☐ male ☐ female

Date of birth | D | D | M | M | Y | Y | Y | Y | Age

Patient's postcode

Patient's HPT

☐ ITU ☐ Other ward/clinic:

Pregnant ☐ Yes ☐ No ☐ Unknown

Have previous samples been sent to RIPL? ☐ Yes ☐ No

RIPL Lab ref. no P \_ \_ C \_ \_ \_ \_ \_

## SAMPLE INFORMATION

Sample type

Your reference

☐ Serum/clotted blood

☐ Plasma

☐ EDTA whole blood

☐ CSF (Supply with paired serum)

☐ Joint fluid

☐ Tissue (please specify site and type)

☐ Other (please specify)

Date of collection | D | D | M | M | Y | Y | Time

Date sent to RIPL | D | D | M | M | Y | Y

For CSF sample testing, please refer to Lyme section (Appendix 1) in the RIPL user manual and provide these data if available.

Serum

CSF

Albumin g/L mg/L

IgM g/L mg/L

IgG g/L mg/L

WCC cells/mm<sup>3</sup>

RIPL can offer additional tests and advice for other infections acquired abroad or related to tick bites, if clinically relevant.

Clinicians should discuss this with RIPL.

Please tick the box if your clinical sample is post mortem ☐

## TESTS REQUESTED See RIPL Lyme webpage on GOV.UK

RIPL will select most appropriate tests based on clinical history provided below.

☐ Line blot confirmation only

Refer to Lyme section (Appendix 1) in RIPL user manual for further details.

## SENDER'S LABORATORY RESULTS

Has the patient had a previous Lyme test? ☐ Yes ☐ No

Date of test | D | D | M | M | Y | Y

Results

## CLINICAL/EPIDEMIOLOGICAL INFORMATION

Clinical details

☐ History of tick bite Date of bite | D | D | M | M | Y | Y

Where was the patient when bitten? (Country/UK area)

Date of onset of current symptoms | D | D | M | M | Y | Y

Relevant occupational or other exposure history

Any other travel history

Treatment History

Antimicrobials given and duration

Clinical features

☐ Erythema migrans (please specify date of onset and site)

☐ Other rash (please specify date of onset and site)

☐ Fatigue ☐ Myalgia ☐ Arthralgia ☐ Headache

☐ Fever ☐ Neurological symptoms (please specify)

☐ Lymphadenopathy ☐ Uveitis/episcleritis/keratitis/vitreitis

☐ Meningitis ☐ Carditis ☐ Arthritis ☐ Lymphocytoma

☐ Acrodermatitis ☐ Other clinical features (please specify)

Comments

## REFERRED BY

Name

Signature

Date