

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF LABORATORIES
LYME DISEASE FORM

Complete form and return with specimen to Division of Clinical Microbiology, Pickering Way and Welsh Pool Road, Lionville, PA 19353.

A. PATIENT INFORMATION

1. Name [LAST] [FIRST] [MI] 3. Age [] []
2. Address [STREET] 4. Sex (✓) M F
[CITY/BORO] [COUNTY] [STATE] [ZIP CODE]

Has a specimen for Lyme disease previously been submitted on this patient? (✓) YES NO

B. CLINICAL HISTORY (✓ correct response and give date where indicated)

1. Nonspecific, constitutional symptoms

YES NO
a. Fever
b. Headache
c. Sore throat
d. Nausea
e. Myalgia
f. Stiff neck
g. Lymphadenopathy
h. Arthralgia

2. Skin manifestations (Erythema chronicum migrans) YES NO DATE OF ONSET
[] [] [M] [D] [Y]
3. Neurologic manifestations [] [] [M] [D] [Y]
4. Cardiac manifestations [] [] [M] [D] [Y]
5. Arthritis [] [] [M] [D] [Y]

C. EPIDEMIOLOGIC HISTORY (✓ correct response and, where indicated, give date and location)

1. Tick bite in month prior to illness? YES NO DATE
[] [] [M] [D] [Y]
a. If Yes, where was tick bite acquired? [] [] [] [] [] []
CITY CO. STATE
b. If NO, was there exposure to ticks, as in wooded areas? [] []
2. Other insect bite in month prior to illness? [] []
3. Where does patient believe (s)he acquired illness? [] [] [] [] [] []
CITY CO. STATE

D. LABORATORY EXAMINATION(S) REQUESTED (✓ appropriate response)

1. Culture and identification
2. Serology

E. SPECIMEN INFORMATION (✓ source of specimen and give collection date)

1. Serum [] [] [M] [D] [Y]
Acute (S₁) [] [] [M] [D] [Y]
Convalescent (S₂) [] [] [M] [D] [Y]
S₃ [] [] [M] [D] [Y]
S₄ [] [] [M] [D] [Y]
2. Blood [] [] [M] [D] [Y]
3. Plasma [] [] [M] [D] [Y]
4. Cerebrospinal fluid [] [] [M] [D] [Y]
5. Joint fluid [] [] [M] [D] [Y]
6. Skin tissue [] [] [M] [D] [Y]
7. Autopsy specimen (Specify) [] [] [M] [D] [Y]
8. Bone scrapings [] [] [M] [D] [Y]
9. Other (Specify) [] [] [M] [D] [Y]

F. PHYSICIAN INFORMATION

1. Name [LAST] [FIRST] [MI] 2. Phone no. [] [] [] [] [] [] [] [] [] [] [] []
[] [] [] [] [] [] [] [] [] [] [] []
2. Hospital address [STREET] [CITY/BORO] [STATE] [ZIP CODE]

G. SPECIAL INSTRUCTIONS

- 1. Ship specimens cold, but unfrozen, on ice.
- 2. This form must be completed and submitted with specimen in order for laboratory tests to be performed.