Government of India

NATIONAL CENTRE FOR DISEASE CONTROL

(DIRECTORATE GENERAL OF HEALTH SERVICES)

22, SHAM NATH MARG, NEW DELHI – 110054

CENTRE FOR ARBOVIRAL AND ZOONOTIC DISEASES

Proforma for sample submission of a suspected case of Lyme Disease

Lab Reference No: **Date:**

Hospital: **Hospital IP/OP number:**

Name: **Father's/Husband's Name:**

Age/Gender: **Telephone/ Mobile number:**

Complete address: **E-mail ID:**

SIGNS AND SYMPTOMS

Fever: ☐ Present/ ☐ Absent

Date of onset of fever: Date of admission:

Course of fever: ☐ Intermittent/ ☐ Remittent/ ☐ Continuous Type of fever: ☐ Low grade/ ☐ High grade

Presenting symptoms:

Malaise:	☐ Present/ ☐ Absent	Fatigue:	☐ Present/ ☐ Absent
Headache:	☐ Present/ ☐ Absent	Myalgia:	☐ Present/ ☐ Absent
Joint Pain:	☐ Present/ ☐ Absent	Migratory pain in small joints:	☐ Present/ ☐ Absent
Skin lesions	☐ Present/ ☐ Absent	Number of lesions and sites:	
Redness around wounds	☐ Present/ ☐ Absent	Pain in lesions:	☐ Present/ ☐ Absent
Classical erythema chronicum migrans: ☐ Present/ ☐ Absent		Any Pruritis/Hyperesthesia:	☐ Present/ ☐ Absent

CNS symptoms:

Meningeal sign & symptoms:	☐ Present/ ☐ Absent	Facial nerve palsy:	☐ Present/ ☐ Absent
Focal neurological deficit:	☐ Present/ ☐ Absent	Polyneuropathy:	☐ Present/ ☐ Absent

CVS symptoms: ☐ Palpitation/ ☐ Dizziness/ ☐ Syncope/ ☐ None

Respiratory symptoms: ☐ Present/ ☐ Absent Details (if present):

Abdominal symptoms: ☐ Present/ ☐ Absent Details (if present):

History of tick bite ☐ Present/ ☐ Absent Removal of tick: ☐ <48 hrs/ ☐ >48 hrs/ ☐ not known

Condition of the patient: ☐ Stable/ ☐ Critical

LABORATORY INVESTIGATION

TLC:	Urea:	Direct bilirubin:	Chest x-ray (Report, if done)
DLC:	Creatinine:	Total bilirubin:	CT scan (Report, if done)
SGPT:	ALP:	CSF (cell count/sugar/protein):	
SGOT:	Clinical Diagnosis and Treatment:		

Date of sample collection*:

Signature, Name, Designation, and contact number of consultant doctor with Seal

***GUIDELINES FOR SAMPLE COLLECTION AND TRANSPORTATION**

SAMPLE: 1-2 mL non-hemolyzed serum in sterile plain vial/5 mL blood in clot activator and gel vial/ 5 mL blood in vial kept for 30-40 mins for clot retraction.
PACKAGING AND TRANSPORTATION: For serum, triple layer package to be sent in cold chain maintained at 2-8°C for transportation times less than 48 hours and at -20°C for transportation times more than 48 hours.