Tennessee Department of Health
Lyme Disease Form

Demographics

Last Name: __________________ First: __________________ Middle: __________ DOB: __/__/____
Reported Age: ______ □ Days □ Months □ Years Sex: □ Male □ Female □ Unknown
Street Address: ____________________________________________
City: __________________ County: __________ State: _______ Zip: _________
Phone - Home: __________________ Work: __________________ Cell: ___________
Ethnicity: □ Hispanic □ American Indian / Alaskan □ Asian □ Other
Race: □ Not Hispanic □ Hawaiian / Pacific Islander □ Black / African American
□ White

Investigation Summary

Investigator name: __________________________ Date assigned to investigation: ___/___/_____
Jurisdiction: ____________________________ Investigation start date: ___/___/_____
Investigation status: □ Open □ Closed

Laboratory

<table>
<thead>
<tr>
<th></th>
<th>IgG</th>
<th>IgM</th>
<th>Total Antibody</th>
</tr>
</thead>
</table>
| IgG Western Blot: □ Positive □ Negative □ Unknown | Collection Date: ___/___/_____
| IgM Western Blot: □ Positive □ Negative □ Unknown | Collection Date: ___/___/_____
| Bands present: (5 of 10 necessary for confirmation) | Collection Date: ___/___/_____
| 18kDa | □ 21-25 (OspC) | □ 28kDa (OspC) | □ 30kDa | □ 39kDa (BmpA) | □ 41kDa (Fla) | □ 45kDa | □ 58kDa (not GroEl) | □ 66kDa | □ 93kDa |
| Collection Date: ___/___/_____
| Laboratory Evidence of Infection: | Positive B. burgdorferi culture OR Positive IgG Western Blot (w/ 3 bands, with or without EIA/IFA screening) OR Positive EIA/IFA (IgG, IgM, or Total Antibody) followed by positive IgM WB with necessary bands (performed within 30 days of onset) |

Clinical Information

Confirmatory Symptoms:
□ Physician diagnosed Erythema Migrans (EM) Rash, at least 5 cm in diameter
□ Late manifestations (please refer to case definition) List: __________________________
Illness onset date: ____/___/_____

Did a physician diagnose Lyme Disease?
□ Yes □ No □ Unknown

Date of Diagnosis: ___/___/_____

Treatment: _______________________________________________________________________

Pregnant? □ Yes □ No □ Unknown

Did the patient travel in the month before onset?
□ Yes □ No □ Unknown

Where?
Out of county: __________________
Out of state: __________________istles

Was the patient hospitalized for this illness?
□ Yes (Hospital): ____________________ □ No □ Unknown

Admission: ___/___/_____ Discharge: ___/___/_____

Attending Physician: _________________________________________
□ Admitted to ICU? (Dates) ___/___/_____ □ Did the patient die? (Date) ___/___/_____

Case Status

□ Confirmed - A case of EM AND laboratory evidence OR - One or more late manifestations AND laboratory evidence

□ Probable - A physician-diagnosed case of Lyme disease (with no confirmatory symptoms) AND laboratory evidence

□ Suspect (positive lab report with no clinical information or a report of EM rash w/ no labs and no exposure)

□ Not a Case