

**Tennessee Department of Health  
Lyme Disease Form**

Revised: 11/2017

Please fill out this form as completely as possible and send or fax to Central Office: Communicable and Environmental Diseases and Emergency Preparedness  
Andrew Johnson Tower, 4th Floor, 710 James Robertson Parkway, Nashville, TN 37243,  
Phone: 615.741.7247 Fax: 615.741.3857

**Demographics**

CASE ID#: \_\_\_\_\_

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  Not Hispanic Race:  American Indian / Alaskan  Asian  Black / African American  
 Hawaiian / Pacific Islander  White  Other

**Investigation Summary**

**INVESTIGATION**  
Investigator name: \_\_\_\_\_ Date assigned to investigation: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Jurisdiction: \_\_\_\_\_ Investigation start date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Investigation status:  Open  Closed

**LABORATORY**

| SEROLOGY  | IgG  | IgM  | Total Antibody   |
|---|--|--|--|
|   | EIA/IFA: <input type="checkbox"/> Pos. <input type="checkbox"/> Neg. <input type="checkbox"/> Unk.   | EIA/IFA: <input type="checkbox"/> Pos. <input type="checkbox"/> Neg. <input type="checkbox"/> Unk. | EIA/IFA: <input type="checkbox"/> Pos. <input type="checkbox"/> Neg. <input type="checkbox"/> Unk. |
| Collection Date: _____  | Collection Date: _____   | Collection Date: _____   | Collection Date: _____   |
| IgG Western Blot: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown  | IgM Western Blot: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown   |  |  |
| Collection Date: ____/____/____   | Collection Date: ____/____/____  |  |  |
| <b>Bands present: (5 of 10 necessary for confirmation)</b><br><input type="checkbox"/> 18kDa <input type="checkbox"/> 21-25 (OspC) <input type="checkbox"/> 28kDa (OspC) <input type="checkbox"/> 30kDa<br><input type="checkbox"/> 39kDa (BmpA) <input type="checkbox"/> 41kDa (Fla) <input type="checkbox"/> 45kDa <input type="checkbox"/> 58kDa(not GroEl)<br><input type="checkbox"/> 66kDa <input type="checkbox"/> 93kDa | <b>Bands present: (2 of 3 necessary for confirmation)</b><br><input type="checkbox"/> 41kDa (Fla) <input type="checkbox"/> 39kDa (BmpA) <input type="checkbox"/> 21-25 kDa (OspC)  |  |  |
| <b>LABORATORY</b><br>Name of Laboratory: _____<br>City/ State: _____<br>Tests done: _____<br>_____  | <b>Laboratory Evidence of Infection:</b><br>Positive <i>B. burgdorferi</i> culture <u>OR</u><br>Positive IgG Western Blot (w/ 5 bands, with or without EIA/IFA screening) <u>OR</u><br>Positive EIA/IFA (IgG, IgM, or Total Antibody) followed by positive IgM WB with necessary bands (performed within 30 days of onset) |  |  |

**CLINICAL INFORMATION**

| SIGNS / SYMPTOMS   | Did a physician diagnose Lyme Disease?  | Did the patient travel in the month before onset?   |
|--|---|---|
| <b>Confirmatory Symptoms:</b><br><input type="checkbox"/> Physician diagnosed Erythema Migrans (EM) Rash, at least 5 cm in diameter<br><input type="checkbox"/> Late manifestations (please refer to case definition)<br>List: _____<br>Illness onset date: ____/____/____ | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown<br>Date of Diagnosis: ____/____/____<br>Treatment: _____<br>Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown<br><b>Where?</b><br>Out of county: _____<br>Out of state: _____ |

| HOSPITAL  | Attending Physician:   |
|---|--|
| <b>Was the patient hospitalized for this illness?</b><br><input type="checkbox"/> Yes (Hospital): _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown<br>Admission: ____/____/____ Discharge: ____/____/____ | _____<br><input type="checkbox"/> Admitted to ICU? (Dates) ____/____/____<br><input type="checkbox"/> Did the patient die? (Date) ____/____/____ |

**CASE STATUS**

|  |   |  |
|--|---|--|
| <input type="checkbox"/> <b>Confirmed</b><br>- A case of EM <u>AND</u> laboratory evidence <u>OR</u><br>- One or more late manifestations <u>AND</u> laboratory evidence | <input type="checkbox"/> <b>Probable</b><br>- A physician-diagnosed case of Lyme disease (with no confirmatory symptoms) <u>AND</u> laboratory evidence | <input type="checkbox"/> <b>Suspect</b> (positive lab report with no clinical information or a report of EM rash w/ no labs and no exposure)<br><br><input type="checkbox"/> <b>Not a Case</b> |
|--|---|--|