

# LABORATORY EXAMINATION REQUEST FORM-BURULI ULCER BU 04

Health Facility: \_\_\_\_\_

Name of patient: \_\_\_\_\_ Age \_\_\_\_\_ Sex:  M  F

Address \_\_\_\_\_ Patient ID No: \_\_\_\_\_

**Classification:**

**Category of lesion(s):**

- New**                       **Category I:** A single lesion < 5 cm in diameter                      **Category II:** A single lesion 5 – 15 cm in diameter  
 **Recruitment**                       **Category III:** A single lesion >15 cm in diameter, multiple lesions, critical sites, osteomyelitis

Clinical forms(s):     Nodule (N)     Plaque (Q)     Oedematous (E)     Ulcer (U)     Osteomyelitis (O)     Papule (P)

Type of specimen:     Swab                       Fine Needle Aspiration (FNA)                       Biopsy                      Date of specimen collection: \_\_\_\_\_

<b>Type of lab examination(s)</b>	<input type="checkbox"/> ZN	<input type="checkbox"/> PCR	<input type="checkbox"/> Culture	<input type="checkbox"/> Histopathology
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**Reasons for requesting lab examination**

- New case     Follow-up of a patient during antibiotic treatment (weeks of antibiotic treatment): \_\_\_\_\_  
 Recurrent case (end of last antibiotic treatment (date/months: \_\_\_\_\_)     Post treatment follow-up

\_\_\_\_\_  
Name of person requesting examination

\_\_\_\_\_  
Signature

Results

(to be filled by laboratory)

Lab Specimen No \_\_\_\_\_

Date	ZN	PCR	Culture	Histopathology
__/__/__				
__/__/__				

Comments: \_\_\_\_\_

\_\_\_\_\_  
Name of person providing result

\_\_\_\_\_  
Name of facility

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date