**TIck-Borne Disease Case Report Form**

### Disease
- **Lyme disease (Borrelia burgdorferi)**
- **Anaplasmosis / Ehrlichiosis**
- **Babesiosis (Babesia spp)**
- **Spotted Fever Rickettsiosis (Rickettsia sp.)**

### Demographics
- **Name:**
  - Last: ____________________________  First: ____________________________  Middle: ____________________________
- **DOB:** ______/_____/______  **Age:** ______  **SEX:** □ M  □ F  □ Unk  **PHONE:**
- **ADDRESS:**
  - (City) ____________________________  (State) _______  (Zip) _______
  - **COUNTY:**
  - ( _____) - ______ - ______ (h)

### Report Date:
- **NAME:** ____________________________  □ Same as provider
- **PROVIDER:** ____________________________
- **Address:** ____________________________  □ Same as provider
- **PHONE:** Ph: ( _____) - ______ - ______

### Hospitalization

- **Hospitalized:**
  - □ Yes  □ No  □ Unk
  - □ Admit date: ______/_____/______
  - □ Discharge date: ______/_____/______
  - □ Hospital:

- **Died:**
  - □ Yes  □ No  □ Unk
  - □ Date of death: ______/_____/______
  - □ Cause of death: ____________________________

### SYMPTOMS
- **RASH or LESION**
  - □ Yes  □ No  □ Unk
  - □ Onset date: record on top of form.
  - □ Describe:

### LATE MANIFESTATIONS
- **Arthritis w/ objective joint swelling**
- **Lymphocytic meningitis**
- **Bell’s palsy or other cranial neuritis**
- **Radiculoneuropathy**
- **Encephalomyelitis**
  - □ Number of indiv lesions: □ Single  □ Multiple
  - □ EM size:

### SIGNS/SYMTOMS
- **Fever**
- **Chills / sweats**
- **Headache**
- **Muscle aches**
- **Joint pain**
- **Other signs/symptoms**

### Complications
- □ Describe:

### Blood Values
- **Anemia**
- **Leukopenia**
- **Thrombocytopenia**
- **Elevated liver enzymes**

### Treatment and Diagnostic Testing
- **Diagnosis:**
  - □ Yes – mark all that apply:
    - Lyme
    - Babesiosis
    - Anaplasmosis
    - "tick-borne illness"
    - Ehrlichiosis
  - □ No – definitely NOT a tick-borne infection
    - □ Unknown – etiology unclear or diagnosis not recorded

**Additional clinical notes:**

*Disclaimer: This form is an example and should not be used for real clinical applications.*
### TICK-BORNE DISEASE CASE REPORT FORM, page 2

**Patient Name:**

#### TREATMENT

<table>
<thead>
<tr>
<th>Test</th>
<th>Collection Date</th>
<th>Source</th>
<th>Lab Name</th>
<th>Description</th>
<th>RESULT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antibody</td>
<td>Chot done</td>
<td>CSF</td>
<td>ELISA/EIA or IFA</td>
<td>Pos</td>
<td>CSF titers higher than serum?</td>
</tr>
<tr>
<td>Repeat Aby</td>
<td>Chot done</td>
<td>CSF</td>
<td>WESTERN BLOT</td>
<td>IgM</td>
<td>Pos</td>
</tr>
<tr>
<td>PCR (DNA)</td>
<td>Chot done</td>
<td>CSF</td>
<td></td>
<td>Pos</td>
<td></td>
</tr>
</tbody>
</table>

#### LYME DISEASE

<table>
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</thead>
<tbody>
<tr>
<td>Antibody</td>
<td>Chot done</td>
<td></td>
<td></td>
<td>IgM:</td>
<td></td>
</tr>
<tr>
<td>Repeat Aby</td>
<td>Chot done</td>
<td></td>
<td></td>
<td>IgM:</td>
<td></td>
</tr>
<tr>
<td>PCR (DNA)</td>
<td>Chot done</td>
<td>CSF</td>
<td></td>
<td>Pos</td>
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#### ANAPLASMOSIS / EHRlichiosis

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</thead>
<tbody>
<tr>
<td>Antibody</td>
<td>Chot done</td>
<td></td>
<td>Babesia species</td>
<td>IgM:</td>
<td></td>
</tr>
<tr>
<td>Repeat Aby</td>
<td>Chot done</td>
<td></td>
<td></td>
<td>IgM:</td>
<td></td>
</tr>
<tr>
<td>PCR (DNA)</td>
<td>Chot done</td>
<td></td>
<td></td>
<td>Pos</td>
<td></td>
</tr>
<tr>
<td>Smear</td>
<td>Chot done</td>
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#### BABESIOSIS

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<tbody>
<tr>
<td>Antibody</td>
<td>Chot done</td>
<td>Babesia species</td>
<td>IgM:</td>
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<tr>
<td>Repeat Aby</td>
<td>Chot done</td>
<td>Babesia species</td>
<td>IgM:</td>
<td></td>
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</tr>
<tr>
<td>PCR (DNA)</td>
<td>Chot done</td>
<td>Babesia species</td>
<td>Pos</td>
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<tr>
<td>Smear</td>
<td>Chot done</td>
<td></td>
<td>Pos</td>
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#### Rickettsioses (incl. RMSF)

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<tbody>
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<td>Antibody</td>
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<tr>
<td>Culture</td>
<td>Chot done</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IHC</td>
<td>Chot done</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

#### Other / Notes

- **Antibiotic Treatment**
  - Type of antibiotic: □Y □N □Unk
  - Date started: ___/___/___
  - Duration: □<14 days □14-21 days □22-30 days □>30 days-3 mos. □>3 mos. □Unk
  - □<14 days □14-21 days □22-30 days □>30 days-3 mos. □>3 mos. □Unk

- **Smear**
  - □Pos □Neg □Unk

- **Repeat Aby**
  - □Pos □Neg □Unk

- **PCR (DNA)**
  - □Pos □Neg □Unk

#### Other / Notes

- **Travel outside county of residence**
  - Have a k
  - Collection Date: ___/___/___

- **Engage in outdoor activities**
  - | Type | Date |
  - | Outdoor recreation | ___/___/___

#### Exposure History

In the 3-30 days (or 8 weeks for babesiosis) before illness onset, did this patient... (per medical provider notes)

- Have a known tick bite? □Y □N □Unk Describe
- Travel outside county of residence? □Y □N □Unk Describe:
- Engage in outdoor activities? □Y □N □Unk Where: □Home □Elsewhere:
  - Habitat: □Wooded/brushy □Grassy □Other:
  - Activity: □Outdoor recreation □Cabin □Hunting □Other: