LABORATORY EXAMINATION REQUEST FORM-BURULI ULCER BU 04

Health Facility: _______________________________________________________________________________________________________
Name of patient:_________________________________________________________________________Age_________Sex:□M □F
Address____________________________________________________________________________________Patient ID No:_____________

**Classification:**

- **New**
- **Recruitment**

**Category of lesion(s):**

- **Category I**: A single lesion < 5 cm in diameter
- **Category II**: A single lesion 5 – 15 cm in diameter
- **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:

**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 _______________________________

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<th>Date</th>
<th>ZN</th>
<th>PCR</th>
<th>Culture</th>
<th>Histopathology</th>
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**Results**

(to be filled by laboratory)

Lab Specimen No_______________________________

Comments:__________________________________________________________________________________________________________________________________________________________

Name of person providing result _______________________________ Name of facility _______________________________ Date ___/__/___

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