

## BU 03

# REQUEST FOR LABORATORY CONFIRMATION OF A BURULI ULCER CASE

### I. GENERAL INFORMATION

Name of treatment facility: \_\_\_\_\_

Name of health worker requesting examination: \_\_\_\_\_

Name of patient: \_\_\_\_\_ ID#: \_\_\_\_\_

Age (yrs): \_\_\_\_\_ Sex:  M  F

Address (village or town): \_\_\_\_\_ District: \_\_\_\_\_

Classification:  New  Recurrent

Clinical form:  Nodule (N)  Plaque (Q)  Oedema (E)  Ulcer (U)  Osteomyelitis (O)

Date of specimen collection: \_\_\_\_\_

Type of specimen:  Swab  Fine needle aspiration (FNA)  Biopsy

### II. REASONS FOR REQUESTING LABORATORY CONFIRMATION

Type of examination(s)	<input type="checkbox"/> ZN	<input type="checkbox"/> PCR	<input type="checkbox"/> Culture	<input type="checkbox"/> Histopathology
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#### Reasons

Diagnosis of a new case

\*Follow-up of a patient during antibiotic treatment (weeks of antibiotic treatment: \_\_\_\_\_)

Diagnosis of a recurrent case (end of last antibiotic treatment (date or month: \_\_\_\_\_))

Follow-up of a patient after antibiotic treatment

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### III. RESULTS

	ZN	PCR	Culture	Histopathology
Date: ___/___/___				
Date: ___/___/___				

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

Name of laboratory scientist providing the results: \_\_\_\_\_

Name of laboratory: \_\_\_\_\_

Date: \_\_\_\_\_

\* May include patients who do not respond to treatment as expected