

# Lyme Disease Test Report

## Laboratory/Hospital/Clinic Details

Name:

Address:

Phone Number:

Website:

## Patient Details

Full Name:

Date of Birth:

Gender:

Patient ID:

Contact Number:

Email Address:

## Referring Physician

Name:

Specialty:

Contact:

## Test Details

Date Sample Received:

Date of Test:

Lab Technician:

## Indications for Study

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**Test Methodology:**

- Enzyme immunoassay (EIA)
- Western blot (if EIA is positive or equivocal)

**Results****EIA Test:**

- Positive
- Negative
- Equivocal

**Western Blot (if performed):****IgM:**

- Positive
- Negative

**IgG:**

- Positive
- Negative

**Reference Range**

**EIA:** Positive results typically indicate exposure to the Lyme disease bacterium.

**Western Blot: IgM:** Positive if two of the three significant bands are present.

**IgG:** Positive if five of the ten significant bands are present.

**Interpretation**

- Negative: No evidence of infection with the Lyme disease bacterium.
- Positive: Evidence of infection with the Lyme disease bacterium.
- Equivocal: Uncertain results; may require retesting or further evaluation.

**Comments**

## Recommendations

**Disclaimer:** The Lyme disease test measures the presence of antibodies against the Lyme disease bacterium. Positive results indicate exposure but must be interpreted in conjunction with clinical findings and other diagnostic evaluations.

**Signature of Lab Technician:** \_\_\_\_\_

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

**Signature of Supervising Pathologist:** \_\_\_\_\_

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

Ensure that all details are accurately recorded and always maintain patient confidentiality. It is advised to consult with a healthcare professional regarding the results.