

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.