Clinical Virology and infectious disease serology — EXAMINATION OCULAR FLUID

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https://www.umcutrecht.nl/nl/medische-microbiologie
https://www.umcutrecht.nl/en/ziekenhuis/verrichting/uveitis

General patient information

Patient number:
Social security number:
Gender:
Date of birth
Name:
Name partner:
First name/Initials:
Address:
Zip code/Place:
Phone number:
Name health insurance:
Number health insurance:

Senders information

Hospital:
Physician:
Address:
Phone:
Date:

Billing address

Institution:
Address:

Phone:
Email:

Material

☐serum ☐Aqueous OD ☐Vitreous OD
☐EDTA-blood ☐Aqueous OS ☐Vitreous OS

N.B. Always send serum or EDTA blood with ocular fluids for GWC determination.

Clinical data

Suspected clinical diagnosis .....

Uveitis

☐OD ☐anterior ☐active
☐OS ☐posterior ☐non active
☐ODS ☐intermediar
☐pan

Remarks:

……..
……..
……..
……..

Medication

☐none ☐ immunosuppressives:…….. ☐ other:……
☐prednison ☐antiviral therapy:……

Question

Please mark the tests you wish to have performed.
Because of limited volume, please indicate the priority of the pathogens to test for. Circle the number, where 1 is the highest priority.

	PCR	GWC (Antibodies)	Ocular lymphoma	Priority
HSV	☐	☐Package		1 2 3 4 5 6
VZV	☐			1 2 3 4 5 6
Toxoplasma	☐			1 2 3 4 5 6
CMV	☐			1 2 3 4 5 6
Rubella virus	☐			1 2 3 4 5 6
Parvovirus B19	☐	☐		1 2 3 4 5 6
Treponema (syphilis)	☐	not applicable		1 2 3 4 5 6
Toxocara	not applicable	☐		1 2 3 4 5 6
Borrelia	☐	not applicable		1 2 3 4 5 6
……	☐	☐		1 2 3 4 5 6
MyD88 L265P*			☐	1 2 3 4 5 6

* Mutational analysis performed by Dept. of Pathology, UMCU