

Clinical Virology and infectious disease serology

EXAMINATION OCULAR FLUID

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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:

For more information and contacts see:
<https://www.umcutrecht.nl/nl/medische-microbiologie>
<https://www.umcutrecht.nl/en/ziekenhuis/verrichting/uveitis>

Senders information

Hospital:
 Physician:
 Address:
 Phone:
 Date:

Billing address

Institution:
 Address:
 Phone:
 Email:

Material

- | | | |
|-------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> serum | <input type="checkbox"/> Aqueous OD | <input type="checkbox"/> Vitreous OD |
| <input type="checkbox"/> EDTA-blood | <input type="checkbox"/> Aqueous OS | <input type="checkbox"/> Vitreous OS |

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

Clinical data

Suspected clinical diagnosis

Uveitis

- | | | |
|------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> OD | <input type="checkbox"/> anterior | <input type="checkbox"/> active |
| <input type="checkbox"/> OS | <input type="checkbox"/> posterior | <input type="checkbox"/> non active |
| <input type="checkbox"/> ODS | <input type="checkbox"/> intermediar | |
| | <input type="checkbox"/> pan | |

Remarks:

.....

Medication

- | | | |
|------------------------------------|---------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> none | <input type="checkbox"/> immunosuppressives:..... | <input type="checkbox"/> other:..... |
| <input type="checkbox"/> prednison | <input type="checkbox"/> 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	<input type="checkbox"/>	<input type="checkbox"/> Package		1 2 3 4 5 6
VZV	<input type="checkbox"/>			1 2 3 4 5 6
Toxoplasma	<input type="checkbox"/>			1 2 3 4 5 6
CMV	<input type="checkbox"/>			1 2 3 4 5 6
Rubella virus	<input type="checkbox"/>			1 2 3 4 5 6
Parvovirus B19	<input type="checkbox"/>	<input type="checkbox"/>		1 2 3 4 5 6
Treponema (syphilis)	<input type="checkbox"/>	not applicable		1 2 3 4 5 6
Borrelia	<input type="checkbox"/>	not applicable		1 2 3 4 5 6
.....	<input type="checkbox"/>	<input type="checkbox"/>		1 2 3 4 5 6
MyD88 L265P*			<input type="checkbox"/>	1 2 3 4 5 6

* Mutational analysis performed by Dept. of Pathology, UMCU