

**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:  
[www.umcutrecht.nl/medischemicrobiologie](http://www.umcutrecht.nl/medischemicrobiologie)

**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:.....  
 prednison                       antiviral therapy:.....  
 other:.....

**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	<input type="checkbox"/>	1 2 3 4 5 6
VZV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6
Toxoplasma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6
CMV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6
Rubella virus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6
Parvovirus B19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6
Treponema (syphilis)	<input type="checkbox"/>	not applicable	<input type="checkbox"/>	1 2 3 4 5 6
Toxocara	not applicable	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6
Borrelia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4 5 6
.....	<input type="checkbox"/>	<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