Lymphogranuloma Venereum (LGV) Enhanced Surveillance Form Version 4.0								
	CONFIDENTIAL					CIDR ID:		
		A2	so Dotai	e		CIDR ID.		
A. Case Details								
Patient Clinic ID		Clinic/Practice Name						
Lab specimen ID			Laboratory name					
Forename			Surna	ame				
Date of birth								
Sex (at birth)	Male Female		🗆 Unknown					
Gender identity	□ Male □ Female		Nonbinary					
Trans male Trans female Note: please complete sex (at birth) and gender identity for <u>all</u> cases. A trans male refers to person who identifies as male and was assigned female at birth. A trans female refers to a person who identifies as female and was assigned male at birth. Non-binary refers to a person who does not identify as being exclusively female or male.								
Country of birth		County of	County of residence					
Ethnicity	U White – Irish	□ Asian or Asian Irish - Chinese						
	🗆 White – Irish Trav	🗆 Asian or Asian Irish – Indian/Pakistani/				ani/Bangladeshi		
	White – Any othe		$\Box$ Asian or Asian Irish – Any other Asian background					
	$\Box$ Black or Black Iri	□ Arabic						
	□ Black or Black Irish – Any			□ Roma				
	□ Mixed background			□ Other				
□ Not known								
Note: ethnicity should be self-reported and refers to how the individual case identifies themselves.								
B. Clinical Details								
Mode of transmission								
□ Other. If other mode of transmiss			on, please	specify				
Country of infection	untry of infection							
Site of infection	tion		Lymph node					
	□ Other. If othe	r site of infection, ple	ease specif	ý				
HIV status?		0	known					
If HIV negative, was the patient taking HIV pre- exposure prophylaxis at the time of LGV diagnosis?		□ Yes	🗆 No	🗆 Unkn	□ Unknown			
Does the patient have symptoms of LGV?			□ Yes	□ No	🗆 Unkno	known		
Is the patient a commercial sex worker (CSW)?			□ Yes	□ No	🗆 Unkno	hknown		
Did the patient have contact with a CSW?			□ Yes	□ No	🗆 Unkno	nknown		
C. Comments								
D. Form Completed By								
Completed by				Date				
Please return the completed form to your local Department of Public Health. See <u>http://www.hpsc.ie/NotifiableDiseases/Whotonotify/</u> for names and contact details. If sending by post, please place form in a sealed envelope marked "Private and Confidential".								

See <u>https://www.hpsc.ie/a-z/sexuallytransmittedinfections/chlamydia/casedefinitions/</u> for LGV case definition.