

Date: [Insert Date]

To: [Consultant Name/Department]

Facility: [Hospital/Institute Name]

Address: [Street Address, City, Country]

RE: Urgent Consultation for Unknown Pathogen

Patient Name: [Patient Name]

Date of Birth: [DOB]

ID Number: [Patient ID]

Dear Dr. [Consultant Last Name],

I am referring the above-mentioned patient for urgent evaluation regarding a febrile illness of unknown etiology following recent international travel.

Travel History:

The patient recently traveled to [Region/Country] from [Departure Date] to [Return Date]. Specific activities included [e.g., rural trekking, freshwater exposure, animal contact].

Clinical Presentation:

Symptoms began on [Onset Date]. Primary complaints include [e.g., high fever, rigors, maculopapular rash, lymphadenopathy, or neurological signs]. Current clinical status is [Stable/Critical].

Diagnostic Workup to Date:

- Malaria Smear/RDT: [Result]
- Dengue/Zika/Chikungunya Serology: [Result]
- Blood Cultures: [Result]
- Complete Blood Count: [Significant findings]
- Imaging: [Significant findings]

Treatments Administered:

The patient has received [List medications, e.g., empiric antibiotics or antimalarials] with [Response to treatment].

Reason for Consultation:

Despite initial testing, the pathogen remains unidentified. We request your expertise in specialized diagnostic testing (e.g., PCR, metagenomics) and management of potential tropical or emerging infectious diseases.

The patient is currently held under [Standard/Contact/Droplet/Airborne] precautions. Please advise on further isolation protocols or transfer requirements.

Sincerely,

[Your Name]

[Your Title]

[Contact Information/Pager Number]