

Date: [Insert Date]

To: [Consultant Name/Department]

Facility: [Hospital/Clinic Name]

Address: [Street Address, City, State, Zip]

From: [Referring Physician Name]

Contact: [Phone Number/Email]

RE: Referral for Evaluation of Chronic Systemic Pathogen of Unknown Origin

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Patient ID: [ID Number]

Dear Colleague,

I am referring this patient for an urgent consultation regarding a suspected chronic systemic infection of unknown etiology. The patient has been experiencing persistent symptoms for [Number] months/years that have failed to respond to standard empirical treatments.

Clinical Presentation and Symptoms:

[List key symptoms e.g., fever of unknown origin, chronic fatigue, lymphadenopathy, unexplained weight loss, night sweats, or neurological changes].

Summary of Diagnostic Workup to Date:

- **Laboratory Results:** [Mention significant CBC, CRP/ESR, metabolic panels, or autoimmune markers].
- **Microbiology/Serology:** [List negative results for common bacterial, viral, and fungal pathogens].
- **Imaging:** [Summarize findings from CT, MRI, or PET scans].
- **Biopsy/Pathology:** [Note if any tissue samples have been taken].

Previous Interventions:

The patient has previously been treated with [List medications/antibiotics] with [No/Minimal] improvement.

Reason for Consultation:

Given the systemic nature of the illness and the lack of a definitive diagnosis, I am requesting your expertise in advanced pathogen identification, including potential metagenomic sequencing (mNGS) or investigation into rare/emerging infectious agents.

All relevant medical records, lab reports, and imaging discs are enclosed/attached for your review.

Thank you for your assistance with this complex case. I look forward to your recommendations.

Sincerely,

[Signature]

[Printed Name and Credentials]