NATIONAL PRION DISEASE PATHOLOGY SURVEILLANCE CENTER

CLINICAL TEST REQUISITION FORM

VERSION 2 (UPDATED AUGUST 2019)

Ship Monday-Thursday for next day delivery:
NPDPSC Institute of Pathology, CWRU
2085 Adelbert Road, Room 418
Cleveland, OH 44106-4907
Tel: 216.368.0587 Fax: 216.368.4090
Email: CJDsurveillance@uhhospitals.org

PATIENT INFORMATION

Last Name: _____ First Name: _____ DOB: _____

Patient MRN or Specimen Accession #: _____ Sex: _____ Race: _____

Hispanic/Latino: ◯Y ◯N City & State of Residence: _____

Is patient deceased? ◯Y ◯N Date/Time of Death (if applicable): _____

Is there interest in the Autopsy Program*? ◯YES ◯NO

**CDC-sponsored brain autopsy is available to definitively diagnose or exclude prion disease. Call 216-368-0587 for details.*

ORDERING PROVIDER (REQUIRED INFORMATION)

Note: Results will be transmitted to Ordering Provider only, via fax only.

Name: _____ Phone: _____ Fax _____

Hospital/Institution: _____

Street Address/City/State: _____

REFERRING LABORATORY

Note: Results will be transmitted to Referring Laboratory via fax only.

Contact Person: _____ Phone: _____ Fax: _____

Laboratory/Hospital: _____

Street Address/City/State: _____

SAMPLES ENCLOSED

Please check all that apply.

❑ **CSF for prion markers (RT-QuIC, 14-3-3β, and total tau)** **Collection date: _____** **Is urine also enclosed? ◯Y / ◯N**	❑ **Autopsy tissue (FIXED)** **Collection date: _____** ❑ **Half/Whole Brain** ❑ **Unstained slides #: _____** ❒ **Stained Slides #: _____** ❑ **Cassettes #: _____** ❑ **P/E Blocks #: _____** **Formic acid treated**? ◯Y / ◯N**	❑ **Biopsy (FIXED) for histopathology** **Collection date: _____** ❑ **Brain fragment** ❑ **Unstained slides #: _____** ❒ **Stained Slides #: _____** ❑ **Cassettes #: _____** ❑ **P/E Blocks #: _____** **Formic acid treated**? ◯Y / ◯N**
❑ **Blood for *PRNP* genetic testing** **Collection date: _____**	❑ **Autopsy tissue (FROZEN)** ❑ **Half/Whole Brain** ❑ **Other: _____** **Collection date: _____**	❑ **Biopsy (FROZEN) for proteinase K-resistant prion protein testing** **Collection date: _____**

**Formic acid treated means the specimen has been treated in 88-98% formic acid for one hour AFTER grossing then returned to 10% neutral buffered formalin for processing.

CLINICAL HISTORY & FINDINGS

This form is to be completed by the requesting clinician. Also, please attach a clinician's assessment note from the EMR.

1. Clinical suspicion of prion disease *(Choose one number)*: **LOW** **1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10** **HIGH**

2. Symptoms concerning for Prion Disease (*Mark all that apply)*:

❒ DEMENTIA Onset:	❒ ATAXIA Onset:	❒ MYOCLONUS Onset:	❒ VISUAL CHANGES Onset:
❒ EXTRAPYRAMIDAL Onset:	❒ PYRAMIDAL Onset:	❑ PSYCHIATRIC Onset:	❒ OTHER: Onset:

SOCIAL & FAMILY HISTORY (if "Yes" is selected, please provide additional details)

3. Has patient ever hunted? **Yes / No** **Check** all that apply: Deer / Moose / Elk / Caribou / other State/Province: Year(s):	4. Has patient ever consumed wild game: **Yes / No** **Check** all that apply: Deer / Moose / Elk / Caribou / other State/Province: Year(s):

5. Is there a Family history of Prion Disease? **Yes / No** Type of Prion Disease: CJD/ GSS/ FFI/ other Relationship to Patient:	6. Family history of Neurological Disease?: **Yes/ No** Type of Disease (Alzheimers, etc.): Relationship to Patient:

7. Has patient ever travelled to United Kingdom, Europe, or Saudi Arabia between the years of 1980-1996? **Yes / No** Countries: Year(s):

MEDICAL & SURGICAL HISTORY

8. Has patient ever donated blood? **Yes / No** Facility: Date:	9. Has patient ever received blood? **Yes / No** Facility: Date:

10. Has patient had any of these procedures? *Check all that apply*: **Neurosurgery** **Corneal transplant** **Dura mater graft** **None** Facility: Date:	11. Has patient had any of these treatments? Check *all that apply*: **Human growth hormone** **Pituitary gonadotropin** **None** Facility: Date:

RADIOGRAPHIC FINDINGS

NPDPSC offers MRI interpretation at no cost. For assessment, please send brain MRI on disc to our mailing address.

12. Has patient had an MRI suggestive of prion disease? **YES** **NO** **MRI not performed**

13. Has patient had EEG with periodic sharp wave complexes? **YES** **NO** **EEG not performed**