

**NATIONAL PRION DISEASE PATHOLOGY SURVEILLANCE CENTER
CLINICAL TEST REQUISITION FORM**

VERSION 4 (UPDATED APRIL 2023)

Ship Monday-Thursday for next day delivery:
NPDPS Institute of Pathology, CWRU
2085 Adelbert Road, Room 414
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

Note: 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: Referral Testing Phone: (801) 583-2787 ext. 5145 Fax: (801) 584-5132

Laboratory/Hospital: ARUP Laboratories

Street Address/City/State: 500 Chipeta Way/Salt Lake City/Utah

SAMPLES ENCLOSED: Please check all that apply. See Shipping and Collection Protocols on Page 3.

<input type="checkbox"/> CSF for prion markers (RT-QuIC, 14-3-3 β , and total tau) Collection date: _____	<input type="checkbox"/> Autopsy tissue (FIXED) Collection date: _____ <input type="checkbox"/> Half/Whole Brain <input type="checkbox"/> Unstained slides #: _____ <input type="checkbox"/> Stained Slides #: _____ <input type="checkbox"/> Cassettes #: _____ <input type="checkbox"/> P/E Blocks #: _____ Formic acid treated*? Y / N	<input type="checkbox"/> Biopsy (FIXED) for histopathology Collection date: _____ <input type="checkbox"/> Brain fragment <input type="checkbox"/> Unstained slides #: _____ <input type="checkbox"/> Stained Slides #: _____ <input type="checkbox"/> Cassettes #: _____ <input type="checkbox"/> P/E Blocks #: _____ Formic acid treated*? Y / N
<input type="checkbox"/> Blood for PRNP genetic testing Collection date: _____	<input type="checkbox"/> Autopsy tissue (FROZEN) <input type="checkbox"/> Half/Whole Brain <input type="checkbox"/> Other: _____ Collection date: _____	<input type="checkbox"/> Biopsy (FROZEN) for proteinaseK-resistant prion protein testing Collection date: _____
<input type="checkbox"/> Skin Sample Collection date: _____ <input type="checkbox"/> Apex (top of the scalp) <input type="checkbox"/> Posterior to ear (right or left) <input type="checkbox"/> Lumbar spine (lower back)		<input type="checkbox"/> Lymphoreticular Tissue Collection date: _____ <input type="checkbox"/> Appendix <input type="checkbox"/> Parietal & Visceral Lymph Nodes (abdominal l.n.) <input type="checkbox"/> Spleen (upper left quadrant of abdomen)

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

IS FIXED AUTOPSY TISSUE AVAILABLE? YES NO IS FROZEN AUTOPSY TISSUE AVAILABLE? YES NO

CLINICAL HISTORY AND 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 (Circle one number): **LOW** 1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10 **HIGH**

2. Symptoms indicating prion disease (Mark all that apply):

<input type="checkbox"/> DEMENTIA Onset:	<input type="checkbox"/> ATAXIA Onset:	<input type="checkbox"/> MYOCLONUS Onset:	<input type="checkbox"/> VISUAL CHANGES Onset:
<input type="checkbox"/> EXTRAPYRAMIDAL Onset:	<input type="checkbox"/> PYRAMIDAL Onset:	<input type="checkbox"/> PSYCHIATRIC Onset:	<input type="checkbox"/> OTHER: Onset:

SOCIAL AND FAMILY HISTORY (if "Yes" is circled, please provide additional details)

3. Has patient ever hunted? Yes / No Circle all that apply: Deer / Moose / Elk / Caribou / other State/Province: Year(s):	4. Has patient ever consumed wild game?: Yes / No Circle all that apply: Deer / Moose / Elk / Caribou / other State/Province: Year(s):
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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 (Alzheimer's, etc.): Relationship to Patient:
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7. Has patient ever traveled to United Kingdom, Europe, or Saudi Arabia between the years of 1980-1996? Yes / No Countries: Year(s):

MEDICAL AND SURGICAL HISTORY

8. Has patient ever donated blood? Yes / No Facility: Date:	9. Has patient ever received blood? Yes / No Facility: Date:
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10. Has patient had any of these procedures? <i>Circle all that apply:</i> Neurosurgery Corneal transplant Dura mater graft None Facility: Date:	11. Has patient had any of these treatments? <i>Circle all that apply:</i> Human growth hormone Pituitary gonadotropin None Facility: Date:
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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**