

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

VERSION 2 (UPDATED AUGUST 2019)

Ship Monday-Thursday for next day delivery:
NPDPS 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.

<input type="checkbox"/> CSF for prion markers (RT-QuIC, 14-3-3 β , and total tau) Collection date: _____ Is urine also enclosed? <input type="radio"/> Y / <input type="radio"/> N	<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**? <input type="radio"/> Y / <input type="radio"/> 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**? <input type="radio"/> Y / <input type="radio"/> 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 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):

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

3. Has patient ever hunted? <input type="radio"/> Yes / <input type="radio"/> No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Check all that apply: Deer / Moose / Elk / Caribou / other State/Province: Year(s):	4. Has patient ever consumed wild game: <input type="radio"/> Yes / <input type="radio"/> No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Check 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? <input type="radio"/> Yes / <input type="radio"/> No Type of Prion Disease: <input type="checkbox"/> CJD / <input type="checkbox"/> GSS / <input type="checkbox"/> FFI / <input type="checkbox"/> other Relationship to Patient:	6. Family history of Neurological Disease?: <input type="radio"/> Yes / <input type="radio"/> No Type of Disease (Alzheimers, etc.): Relationship to Patient:
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7. Has patient ever travelled to United Kingdom, Europe, or Saudi Arabia between the years of 1980-1996? <input type="radio"/> Yes / <input type="radio"/> No Countries: Year(s):

MEDICAL & SURGICAL HISTORY

8. Has patient ever donated blood? <input type="radio"/> Yes / <input type="radio"/> No Facility: Date:	9. Has patient ever received blood? <input type="radio"/> Yes / <input type="radio"/> No Facility: Date:
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10. Has patient had any of these procedures? Check all that apply: <input type="checkbox"/> Neurosurgery <input type="checkbox"/> Corneal transplant <input type="checkbox"/> Dura mater graft <input type="checkbox"/> None Facility: Date:	11. Has patient had any of these treatments? Check all that apply: <input type="checkbox"/> Human growth hormone <input type="checkbox"/> Pituitary gonadotropin <input type="checkbox"/> None Facility: Date:
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RADIOGRAPHIC FINDINGS

NPDPC 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