Test Request Form

Please provide the following information for all samples submitted to the NPDPSC, 2085 Adelbert Road, Room 418, Cleveland, OH 44106-4907. **Please note that it is required that you complete the entire form.** This information aids the NPDPSC in accomplishing its goal of accurate diagnostics and therefore more complete prion disease surveillance. For more information on our shipping protocols, please visit our website: http://www.cjdsurveillance.com.

1. **Attending/Referring Physician***

Name: _____Phone: _____Fax: _____

Hospital/Institution: _____

Street address: _____

City/State/Zip code: _____

❖ ***The physician will be contacted and should be available for any brief telephone inquiry about this case***

2. **Drawing/Sending Laboratory**

Name: _____ Phone: _____Fax: _____

Laboratory/Hospital: _____

Street address: _____

City/State/Zip code: _____

3. Samples enclosed. *(Please check all that apply.)*
   - ❒ CSF *(Please note that we request urine be sent with all CSF samples, if available.)*
     **If NPDPSC is to bill patient directly for testing, please also complete and submit the CSF Billing Requisition Form. Otherwise lab will be billed for this test.*
     Collection Date: _____
   - ❒ Urine *(Urine will only be stored for future research purposes.)*
     Collection Date: _____
   - ❒ Blood *(Please see our blood protocol for special instructions before sending.)*
     Collection Date: _____
   - ❒ Fixed brain biopsy tissue in 10% neutral buffered formalin
     ❑ Treated in _____% formic acid for 30 mins *(Range of formic acid should be between 88-98%).*
     Follow formic acid treatment with 10% formalin rinse.
     Biopsy Date: _____ ❑ please check here if untreated with formic acid
   - ❒ Frozen brain biopsy tissue
     ↳Stored at: ❑ -70°C *(recommended)* ❑ -20°C ❑ Refrigerator 4°C
     Biopsy Date: _____
   - ❒ Fixed brain autopsy tissue in 10% neutral buffered formalin for 2 weeks before sending
     ❑ Grossed ❑ Not grossed *(if not grossed, do not treat with formic acid)*
     ❑ Grossed & Treated in _____% formic acid for 1 hour *(Range of formic acid should be between 88-98%).*
     (If grossed and treated, follow formic acid treatment with 10% formalin rinse)
     Autopsy Date: _____
   - ❒ Frozen brain autopsy tissue
     ↳Stored at: ❑ -70°C *(recommended)* ❑ -20°C ❑ Refrigerator 4°C
     Autopsy Date: _____

4. **Patient Information**

Name: _____ ID# _____

Date of birth: _____ Sex _____ Race _____

Onset *(month/year)*: _____ Date of death *(if applicable)*: _____

City, state and county of residence: _____Current /previous occupations:_____

City and state of death *(if applicable)*: _____

5. For all blood and tissue samples sent to the NPDPSC, we REQUIRE that a full clinical history be submitted to aid us in making our diagnosis (if sending blood sample on an asymptomatic patient, you must submit family history). Has clinical history been submitted on this patient?
   - ❒ Yes, it is enclosed in this package
   - ❒ No, it will be sent under separate cover
   - ❒ Yes, it has been submitted previously

6. Has the patient served in the military?
   - ❒ Yes
   - ❒ No

7. Does the patient have clinical history consistent with of any of the following?
   - ❒ Rapid dementia
   - ❒ Brain lymphoma
   - ❒ Viral encephalitis
   - ❒ Cerebral infarction
   - ❒ Paraneoplastic encephalopathy
   - ❒ Acute brain trauma
   - ❒ Asymptomatic (for blood samples)

8. Does the patient have any family history of CJD or early onset dementia? If yes, please also submit information on family history.
   - ❒ No
   - ❒ Yes, early onset dementia
   - ❒ Yes, CJD (describe relationship below)

   _____

9. Please check if the patient may have any risk for the iatrogenic form of CJD due to the following factors:
   - ❒ Human growth hormone (hGH)
   - ❒ Human pituitary gonadotrophin (hGNH)

   If either box above is checked, please list start and end dates of treatment:

   _____

   - ❒ Intradural brain or spinal cord surgery. Please list date and location of surgery:

   _____

   - ❒ Dura mater graft. Please list date and location of graft:_____
   - ❒ Corneal transplant. Please list date and location of transplant:_____

10. Does the patient have a known history of foreign travel or eating wild game?
    - ❒ Yes, foreign travel: Where and when?

    _____

    - ❒ Yes, patient consumed wild game: What type and from what state(s)?

    _____

    - ❒ Yes, patient has a known history of hunting wild game: What state(s) and when?

    _____

11. Did the patient donate/receive blood? ❑ No ❑ Unknown
    - ❒ Yes, donated : In what year(s) and city/state? _____
    - ❒ Yes, received: In what year(s) and city/state? _____