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

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

**VERSION 2 (UPDATED AUGUST 2019)**

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **❑ 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 slidesd #: \_\_\_\_\_\_**  **❒ 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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

**\*\***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 *(Circle 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 circled, please provide additional details)

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

|  |  |
| --- | --- |
| 5. Is there a Family history of Prion Disease? **Yes / No** | 6. Family history of Neurological Disease?: **Yes / No** |
| Type of Prion Disease: CJD / GSS / FFI / other | Type of Disease (Alzheimers, etc.): |
| Relationship to Patient: | 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** | 9. Has patient ever received blood? **Yes / No** |
| Facility: | Facility: |
| Date: | Date: |

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

**SHIPPING AND COLLECTION INSTRUCTIONS**

**\*\*\*Please read all steps carefully before beginning to pack your specimen\*\*\***

**\*\*\*Shipment conditions significantly impact protein loss which can compromise test results\*\*\***

**Ship all specimens to: NPDPSC, 2085 Adelbert Road, Room 418, Cleveland, Ohio 44106**

A NPDPSC Clinical Test Requisition Form must accompany each patient’s specimen. All specimens should be shipped Priority Overnight to arrive before 10:30am using FedEx or UPS. Ship only Monday through Thursday for arrival the following weekday. Shipments are not received on weekends or holidays. Specimens should be packed by a person trained in shipping dangerous goods. All specimens should be shipped as UN 3373, Category B Material. The clinical laboratory at NPDPSC is CLIA certified and HIPAA compliant.

**CSF Shipping and Collection:**

Collect CSF by lumbar puncture. Discard the first 2 ml of CSF that flows from the tap. Collect 2-5 ml of clear, colorless CSF for testing. Bloody CSF cannot be accurately tested. A minimum of 2.0ml is required for testing. Freeze CSF immediately after collection. Store CSF at -80°C (or at least -20°C) until shipping the specimen on dry ice. Double box the specimen using a Styrofoam container with sufficient dry ice (5 lbs/24 hrs).

**Blood Shipping and Collection:**

Collect 4 purple top (EDTA) tubes, 5ml each. Store blood at room temperature until shipped. Ship the same day as collected. Attach both the Testing and Reporting Policies Form and the NPDPSC Test Request Form (including the family history section) which are available at www.cjdsurveillance.com. Ship at 15-30°C on the day of specimen collection.

**Frozen Brain Biopsy Shipping and Collection:**

Freeze 0.5g of tissue from gray matter only. White matter, tumor, mass, or dura is not acceptable for prion diagnosis. Less than 0.5g may be acceptable if no other tissue is available. Place tissue into a sterile specimen cup and store in -80°C freezer (or at least -20°C) until shipped. Place Brain tissue into primary bag and seal. Prepare a larger secondary bag by writing the patient’s name and DOB on the outside of the secondary bag and filling the bag with absorbent material.

Place the sealed primary bag into secondary bag and seal the secondary bag. Place into Styrofoam box filled sufficient dry ice (5 lbs/24 hrs). Place the Styrofoam box into a UN3373 approved cardboard box and seal. Always send frozen specimens separately from fixed specimens to avoid freezing of fixed tissue which may cause artifact.

**Fixed Brain Biopsy Shipping and Collection:**

Place at least 0.5g of tissue from gray matter only in 10% buffered formalin for at least ≥24hrs. White matter, tumor, mass, or dura is not acceptable for prion diagnosis. Treat the 0.5g specimen in 88-98% formic acid for 1 hour. Return the specimen to formalin for an additional 24 hrs (shipping time may be included on this step). Formic acid treatment can be performed here at the NPDPSC if you are unable to perform this procedure. Be sure to mark on the test request form whether or not formic acid treatment was performed. Wrap the brain biopsy in formalin-soaked absorbent material (eg gauze). Place the wrapped brain into a sterile specimen container and into a primary bag & seal. Prepare a larger secondary bag by writing the patient’s name and DOB on the outside of the secondary bag and filling the bag with absorbent material. Place the sealed primary bag into secondary bag and seal the secondary bag. Place bag into a small Styrofoam box and secure with absorbent material. Place Styrofoam box into a UN3373 approved cardboard box and seal. Always send frozen specimens separately from fixed specimens to avoid freezing of fixed tissue which may cause artifact.

**Autopsy Shipping and Collection:**

Autopsy brain tissue should be sent half fixed (in 10% buffered formalin for 2 weeks) and half frozen in a -80°C freezer (or, lacking that, in a -20°C freezer). Do NOT treat whole brains in formic acid. Formic acid treatment can be completed by the NPSPSC if you are unable to perform this procedure. Cutting and sampling of fixed brains should be performed using BSL-2/BSL-3 precautions until the brain samples are treated with formic acid for 1 hour. If paraffin sections are submitted, please cut 1 section 5 micron thick (for H&E) and 3 sections 8 micron thick (for PrP IHC).

**NOTE:** A Prion Tissue Kit for full brain autopsies may be purchased by calling **Berlin Packaging** and ordering part number **HMS-69255**. The kit includes a separate box for fixed and frozen tissue, along with all required forms and labels.

**\*For additional information please visit** [**www.cjdsurveillance.com**](http://www.cjdsurveillance.com) **or contact the NPDPSC at 216-368-0587 or cjdsurveillance@UHhospitals.org**