



National Prion Disease
Pathology Surveillance Center

**BRAIN-ONLY MRI INTERPRETATION
REQUEST FORM**

Mailing Address for MRI Disk(s):

National Prion Disease Pathology Surveillance Center
Attn: Michelle Santos Monteroso
2085 Adelbert Rd, Pathology 417
Cleveland, OH 44106

Patient Information (required)

Last Name:		First Name:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (mm-dd-yyyy):	
City of Residence:		State of Residence:	
Race:		Hispanic/Latino Ethnicity: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there an interest in our Autopsy Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Would you like the enclosed disk returned to you after use? Disk will be returned to sender's address. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (electronic images)			

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

Referring/Treating Physician (required)

Physician Name:		
Hospital/Institution:		
Phone:	Fax*:	
E-mail address:		
Street Address:		
City:	State:	Zip Code:

*Note: MRI Results Report will be transmitted **only** to the listed physician via fax or email.*

Clinical History and Findings (required)

Clinical Symptoms	Social History	Medical & Surgical History
Clinical Symptoms	Hunting	Blood Donations
Symptom Onset (mm/yyyy): <input type="checkbox"/> Dementia <input type="checkbox"/> Ataxia <input type="checkbox"/> Myoclonus <input type="checkbox"/> Visual Changes <input type="checkbox"/> Extrapyrarnidal <input type="checkbox"/> Pyramidal <input type="checkbox"/> Psychiatric <input type="checkbox"/> Other: _____	Has patient ever hunted? <input type="checkbox"/> Yes <input type="checkbox"/> No Hunted game: <input type="checkbox"/> Deer <input type="checkbox"/> Elk <input type="checkbox"/> Moose <input type="checkbox"/> Caribou <input type="checkbox"/> Other Hunting State/Province: Hunting Year(s):	Has patient ever <u>donated</u> blood? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, donation location: Donation year:
Family History	Consumption	Blood Transfusions
Prion Disease in Family Is there a Family history of Prion Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , what type of Prion Disease? <input type="checkbox"/> CJD <input type="checkbox"/> GSS <input type="checkbox"/> FFI <input type="checkbox"/> Other: _____ Relationship to patient:	Has patient ever consumed wild game? <input type="checkbox"/> Yes <input type="checkbox"/> No Consumed game: <input type="checkbox"/> Deer <input type="checkbox"/> Elk <input type="checkbox"/> Moose <input type="checkbox"/> Caribou <input type="checkbox"/> Other State/Province: Consumption Year(s):	Has patient ever <u>received</u> blood? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, transfusion location: Transfusion year:
Neurological Diseases in Family	Travel	Surgical Procedures
Is there a Family history of Neurological Disease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes , what type of Disease? <input type="checkbox"/> Alzheimer's <input type="checkbox"/> Other: _____ Relationship to patient:	Has patient ever travelled to UK, Europe, or Saudi Arabia between years 1980-1996? <input type="checkbox"/> Yes <input type="checkbox"/> No Countries: Year:	Has the patient had any of these procedures? <i>Check all that apply:</i> <input type="checkbox"/> Neurosurgery <input type="checkbox"/> Corneal transplant <input type="checkbox"/> Dura mater graph <input type="checkbox"/> None Procedure facility: _____ Date (mm-dd-yyyy):
		Medical Treatment
		Has the patient had any of these treatments? <i>Check all that apply:</i> <input type="checkbox"/> Pituitary gonadotropin <input type="checkbox"/> Human growth hormone <input type="checkbox"/> None Procedure facility: _____ Date (mm-dd-yyyy):