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: Keisi Kotobelli
2085 Adelbert Rd, Pathology 417
Cleveland, OH 44106

Patient Information (required)

Last Name:	First Name:
Sex: ☐ Male ☐ Female	Date of Birth *(mm-dd-yyyy)*:
City of Residence:	State of Residence:
Race: Select From the List	Hispanic/Latino Ethnicity: ☐ Yes ☐ No
Is there an interest in our Autopsy Program? ☐ Yes ☐ No	
Would you like the enclosed disk returned to you after use? *Disk will be returned to sender's address. Please include a phone number for FedEx delivery.* ☐ No ☐ Yes, phone no. _____	

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 & RT-Q Results

Clinical Symptoms

Symptom Onset *(mm/yyyy)*:
☐ Dementia
☐ Ataxia
☐ Myoclonus
☐ Visual Changes
☐ Extrapyramidal
☐ Pyramidal
☐ Psychiatric
☐ Other: _____

RT-QuIC Results

Patient's RT-QuIC Results: ☐ Positive ☐ Negative ☐ Not Performed

Family History

Prion Disease in Family

Is there a Family history of prion disease?
☐ Yes
☐ No
If **yes**, what type of prion disease?
☐ CJD
☐ GSS
☐ FFI
☐ Other: _____
Relationship to patient:

Neurological Diseases in Family

Is there a Family history of Neurological Disease?
☐ Yes
☐ No
If **yes**, what type of Disease?
☐ Alzheimer's
☐ Other: _____
Relationship to patient:

Social History

Hunting

Has patient ever hunted?
☐ Yes
☐ No

Hunted game: ☐ Deer ☐ Elk ☐ Moose ☐ Caribou ☐ Other

Hunting State/Province:
Hunting Year(s):

Consumption

Has patient ever consumed wild game?
☐ Yes
☐ No

Consumed game: ☐ Deer ☐ Elk ☐ Moose ☐ Caribou ☐ Other

State/Province:
Consumption Year(s):

Travel

Has patient ever travelled to UK, Europe, or Saudi Arabia between years 1980-1996?
☐ Yes
☐ No

Countries:

Year:

Medical & Surgical History

Blood Donations

Has patient ever donated blood? ☐ Yes ☐ No
If yes, donation location:
Donation year:

Blood Transfusions

Has patient ever received blood? ☐ Yes ☐ No
If yes, transfusion location:
Transfusion year:

Surgical Procedures

Has the patient had any of these procedures?
Check all that apply:

☐ Neurosurgery
☐ Corneal transplant
☐ Dura mater graph
☐ None

Procedure facility: _____

Date *(mm-dd-yyyy)*:

Medical Treatment

Has the patient had any of these treatments?
Check all that apply:

☐ Pituitary gonadotropin
☐ Human growth hormone
☐ None

Procedure facility: _____

Date *(mm-dd-yyyy)*: