



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:		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? <i>Disk will be returned to sender's address. Please include a phone number for FedEx delivery.</i> ☐ 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	Social History	Medical & Surgical History
Clinical Symptoms Symptom Onset (mm/yyyy): ☐ Dementia ☐ Ataxia ☐ Myoclonus ☐ Visual Changes ☐ Extrapyrarnidal ☐ Pyramidal ☐ Psychiatric ☐ Other: _____	Hunting Has patient ever hunted? ☐ Yes ☐ No Hunted game: ☐ Deer ☐ Elk ☐ Moose ☐ Caribou ☐ Other Hunting State/Province: Hunting Year(s):	Blood Donations Has patient ever <u>donated</u> blood? ☐ Yes ☐ No If yes, donation location: Donation year:
RT-QuIC Results Patient's RT-QuIC Results: ☐ Positive ☐ Negative ☐ Not Performed	Consumption Has patient ever consumed wild game? ☐ Yes ☐ No Consumed game: ☐ Deer ☐ Elk ☐ Moose ☐ Caribou ☐ Other State/Province: Consumption Year(s):	Blood Transfusions Has patient ever <u>received</u> blood? ☐ Yes ☐ No If yes, transfusion location: Transfusion year:
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:	Travel Has patient ever travelled to UK, Europe, or Saudi Arabia between years 1980-1996? ☐ Yes ☐ No Countries: Year:	Surgical Procedures Has the patient had any of these procedures? <i>Check all that apply:</i> ☐ Neurosurgery ☐ Corneal transplant ☐ Dura mater graph ☐ None Procedure facility: _____ Date (mm-dd-yyyy):
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:		Medical Treatment Has the patient had any of these treatments? <i>Check all that apply:</i> ☐ Pituitary gonadotropin ☐ Human growth hormone ☐ None Procedure facility: _____ Date (mm-dd-yyyy):