



National Prion Disease Pathology Surveillance Center

Autopsy Consent, page 1

Main Telephone No.
After Hours/Emergency No.
Fax
E-Mail
Website

216-368-0587
216-647-8148
216-368-2546 / 216-368-4090
cjdsurveillance@UHhospitals.org
www.cjdsurveillance.com

CONSENT & AUTHORIZATION FOR POST-MORTEM BRAIN-ONLY EXAMINATION

I, _____, the _____, do hereby state
Authorized Representative Name Relationship with the Patient

that I am the Legal Next of Kin, Executor of Estate, or Durable Power of Attorney¹ (see below) as determined by my local jurisdiction for _____.
Name of the Patient

I am legally entitled to authorize a post-mortem brain-only examination on this patient as arranged by the National Prion Disease Pathology Surveillance Center (NPDPSC) and cooperating physicians and/or institutions (e.g., in the case of out-of-care brain removal). A copy of this advanced directive or legal documentation confirming my legal authority must and will be provided. I request that all tissue samples be sent to the NPDPSC within 8 (eight) weeks after autopsy to facilitate a timely and accurate diagnosis.

I understand that:

The examination may include the removal and study of tissues for diagnostic, scientific, research and educational purposes as deemed appropriate by the physicians of the NPDPSC.

Initials

Testing at the NPDPSC is limited to prion diseases, i.e., Creutzfeldt-Jakob Disease (CJD), Fatal Familial Insomnia (FFI), Gerstmann-Sträussler-Scheinker (GSS), or Variably Protease-Sensitive Prionopathy (VPSPr), using neuropathological protocols only.

Initials

If autopsy testing results are negative, I will have the opportunity to formally request the remaining tissue be sent to another physician or institution for additional neuropathological consultation. This transfer is not covered by the NPDPSC.

Initials

The NPDPSC conducts multiple tests on autopsy samples for CJD diagnosis and that I have the option to receive either a full or partial diagnosis, including or excluding genetic analysis (more information on page 2).

Initials

The NPDPSC is usually able to arrange an autopsy within 1-3 days of patient's passing. However, if passing should occur over a weekend or a holiday, a delay could be necessary due to staffing availability. The patient will need to remain in a refrigerated environment until autopsy arrangements are finalized.

Initials

I have been given the opportunity to ask any questions that I may have regarding the scope or purpose of the procedure.

Initials

Authorized Representative Name

Relationship with the Patient

Authorized Representative Signature

Date

¹ In accordance with state law, the following order of authority is generally recognized:

- | | |
|--|---|
| 1. Court-Appointed Guardian | 6. Parents |
| 2. Durable Power of Attorney | 7. Adult siblings (eldest to youngest) |
| 3. Executor of Estate | 8. Adult grandchildren (eldest to youngest) |
| 4. Surviving Spouse or Legally recognized domestic partner | 9. Grandparents |
| 5. Adult children (eldest to youngest) | 10. Other adult relatives |



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Autopsy Consent, page 2

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CONSENT FOR REPORTING OF GENETIC RESULTS

As part of our CJD Surveillance efforts, the National Prion Disease Pathology Surveillance Center (NPDPSC) conducts the listed tests on autopsy samples to obtain a full diagnosis, which includes:

1. **Western Blot (on frozen tissue):** This is the most sensitive test for prion disease, which detects the abnormal prion protein that causes CJD. A positive result indicates the presence of the disease.
2. **Immunohistochemistry (on fixed tissue):** Examines the distribution of abnormal prion protein in the brain tissue, helping determine the type of prion disease.
3. **Genetic Analysis (on DNA extracted from frozen tissue):** Identifies if the patient has a pathogenic mutation, and therefore a familial prion disease (occurs in ~10% of positive cases). In sporadic, iatrogenic or variant CJD, genetic analysis aids in identifying the specific subtype.

The NPDPSC understands that some families may prefer not to receive all the information, especially the genetic results, which affect not only the patient, but their biological relatives who may also have the mutation.

To ensure that we release only the information that the family wishes to receive, the Legal Next of Kin is encouraged to discuss any emotional, confidentiality and insurance concerns with a physician to help determine if they wish to receive the genetic test results of the patient.

✓ **Please check the appropriate box below.**

☐ **Partial Diagnosis** - Please send only a partial report, which excludes genetic analysis results. The report will indicate only whether the case is positive or negative.

☐ **Full Diagnosis** - please send a report with the full diagnosis, including the genetic analysis results (if frozen tissue is submitted). The report will indicate whether the case is positive or negative and specify the type of prion disease.

☐ **Undecided** - I am not ready to decide at this time. Please follow up with me later.

Patient Name

Patient's Date of Birth

Authorized Representative Signature

Date

- **Please list the names and contact information for the medical provider(s) you authorize to receive the autopsy results. Please note that we are not permitted to send results directly to family members, but can only submit reports to Doctors of Medicine (MD), Nurse Practitioners (NP), Doctors of Osteopathic Medicine (DO), or Physician Assistants (PA).**

1. Provider Name	Organization/Facility Name	Department
Street Address	City	State
Phone Number	Fax Number (Required)	E-Mail Address
2. Provider Name	Organization/Facility Name	Department
Street Address	City	State
Phone Number	Fax Number (Required)	E-Mail Address



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Autopsy Consent, page 3

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Part I: Authorized Representative Information

- Please enter your information as accurately as possible.

Prefix	First Name	Middle Initial	Last Name	Relationship to Patient
_____	_____	_____	_____	_____

Street Address	City	State or Province	Zip Code
_____	_____	_____	_____

- Will the documentation confirming your legal authority (e.g., Advanced Directive, Living Will, Last Will and Testament, etc.) be submitted with this consent form?

☐ **Yes**, I am including it with the consent form.

☐ **Not yet**, I will submit it separately. - Please Note: this documentation is required to help us confirm that the person signing is legally authorized to provide consent. The autopsy will not be coordinated and performed by the NPDPSC without the appropriate signatures and documentation.

- Please enter your contact information and preferred method of contact.

Phone No.	Alternative Phone No.	E-mail Address	Preferred method of contact
_____	_____	_____	☐ Phone ☐ E-mail

➤ What is the best time to reach you? _____

➤ Time Zone (select one or write in): _____

Part II: Secondary Contact Information

- Please list any additional people who can be contacted in case the primary authorized representative is unavailable, incapacitated, or additional information is needed.

Prefix	First Name	Middle Initial	Last Name	Relationship to Patient
_____	_____	_____	_____	_____

Phone No.	Alternative Phone No.	E-mail Address
_____	_____	_____



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Autopsy Consent, page 4

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PART III: Patient Information

First Name	Middle Initial	Last Name	Sex	Date of Birth
_____	_____	_____	M or F	(mm/dd/yyyy)
Race	Hispanic/Latino	Married?	Do They Have Adult Children?	
_____	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
City of Residence	State of Residence	Patient's Current Location		
_____	_____	☐ Home ☐ Hospice/Medical Facility		
Hospice/Facility Name	Hospice/Facility Contact Person		Phone no.	
_____	_____		_____	
Street Address	City	State	Zip Code	
_____	_____	_____	_____	
Is Patient Deceased?	Date of Death	Time of Death	City of Death	State of Death
☐ Yes ☐ No	_____ (mm/dd/yyyy)	_____	_____	_____

➤ Are you willing to be contacted by the American Red Cross? ☐ Yes ☐ No

PART IV: Crematorium, Funeral Home or Mortuary Information

➤ Are there pre-arrangements in place with a crematorium, funeral home or mortuary regarding the patient?

☐ Yes – please fill in the information below.

Facility Name	Facility Contact Person	Phone no.	Fax no.
_____	_____	_____	_____
Street Address	City	State	Zip Code
_____	_____	_____	_____

☐ No – If no, please be advised that **having these arrangements in place before the patient's passing is necessary** to ensure timely autopsy coordination. We strongly recommend making arrangements as soon as possible and submitting an updated form to our office via fax or email.

❖ By signing below, you authorize the release of the patient's body to the facility (or its representatives) listed above for the purpose of a limited brain-only autopsy, as arranged by the NPDPC. You also certify that you have the legal authority to grant this authorization and, in doing so, release the NPDPC, its' officers, and representatives from any liability that may arise from carrying out instructions.

Authorized Representative Signature

Relationship with patient

Date

Patient Full Name:

Date of Birth (mm-dd-yyyy):

Clinical History and Findings

Clinical Symptoms

**Please mark all that apply, and indicate the symptom onset (mm/yyyy)*

☐ Dementia: _____

☐ Ataxia: _____

☐ Myoclonus: _____

☐ Visual Changes: _____

☐ Extrapyrarnidal: _____

☐ Pyramidal: _____

☐ Psychiatric: _____

☐ Other: _____

Family History

CJD in Family

Is there a Family history of **prion disease**?

- ☐ Yes
☐ No
☐ Unknown

If **yes**, what type of **prion disease**?

- ☐ CJD
☐ GSS
☐ FFI
☐ Other: _____

Relationship to patient:

Neurological Diseases in Family

Family history of **neurological disease**?

- ☐ Yes
☐ No
☐ Unknown

If **yes**, what type of disease?

- ☐ Alzheimer's
☐ Other: _____

Relationship to patient:

Radiographic Findings

NPDPSO offers MRI interpretation at no cost. For assessment, please visit our website for instructions on how to submit a brain MRI to our center.

Has patient had MRI suggestive of CJD?

- ☐ Yes
☐ No
☐ Not performed

Has patient had EEG with periodic sharp wave complexes?

- ☐ Yes
☐ No
☐ Not performed

Social History

Hunting

Has patient ever **hunted** venison?

- ☐ Yes
☐ No
☐ Unknown

Venison Type:

(check all that apply)

- ☐ Deer
☐ Elk
☐ Moose
☐ Caribou

Hunting State/Province:

Hunting Year(s):

Consumption

Has patient ever **consumed** venison?

- ☐ Yes
☐ No
☐ Unknown

Venison Type:

(check all that apply)

- ☐ Deer
☐ Elk
☐ Moose
☐ Caribou

Hunting State/Province:

Hunting Year(s):

Travel

Has patient ever travelled to UK, Europe, or Saudi Arabia between years 1980-1996?

- ☐ Yes
☐ No
☐ Unknown

Countries:

Year(s):

RT-QuIC Testing

RT-QuIC Results

Patient's RT-QuIC Results:

- ☐ Positive
☐ Negative
☐ Indeterminate
☐ Not Performed

Medical & Surgical History

Medical Treatment

Has the patient had any of these treatments?

Check all that apply:

- ☐ Pituitary gonadotropin
☐ Human growth hormone
☐ None

Treatment Facility:

Date (mm-dd-yyyy): _____

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): _____

Blood Transfusions

Has patient ever received blood?

- ☐ Yes
☐ No
☐ Unknown

Facility:

Year:

Blood Donation

Has patient ever donated blood?

- ☐ Yes
☐ No
☐ Unknown

Facility:

Year:



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Autopsy Consent, page 6

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AUTHORIZATION FOR RELEASE OF MEDICAL AND VITAL RECORDS

Patient Name: _____ Patient DOB: _____

Patient Address: _____

To whom it may concern,

I, _____, as the _____
Authorized Representative Name Relationship to the Patient

and authorized representative of the listed patient, authorize the release of the medical records indicated below to the National Disease Pathology Surveillance Center for diagnostic testing to ensure that the autopsy diagnosis is as accurate as possible, and to identify atypical cases for further study.

- (Please check all that apply)
- ☐ History and Physicals
 - ☐ Discharge Summaries
 - ☐ Surgery Reports
 - ☐ Neurology Notes
 - ☐ Physician Transcribed Notes
 - ☐ EEG / Brain MRI Reports
 - ☐ CD Copies of Brain MRI
 - ☐ Death Certificate

Sincerely,

Authorized Representative Signature

Date

➤ **Please fax or email the medical records to:**

Address: NPDPS/ Attn: Autopsy Team
2210 Circle Drive, Robbins, Room 411
Cleveland, Ohio 44106 - 4977

Fax: 216-368-2546 (primary) / 216-368-4090 (secondary)

E-mail: cjdsurveillance@uhhospitals.org

The Surveillance Center is fully compliant with HIPAA Regulations: See 45 CFR 164.506 (as further explained on the United States Department of Health & Human Services website. The NPDPS, as a covered entity, is authorized to receive health information for the purpose of examination and analysis of tissues and specimens. It is understood that the NPDPS will adhere to privacy and confidentiality guidelines as set forth by HIPAA.



NPDPS SC AUTOPSY COORDINATION PROGRAM – FAQ

➤ Autopsy Requirements & Recommendations

Q: Are we required to have an autopsy conducted in cases of suspected CJD?

A: Currently, we are not aware of any state that requires autopsy in cases of suspected CJD. However, several states require that the case be reported to the State Department of Health, and they strongly recommend that an autopsy be performed if CJD is suspected by a medical doctor. Your doctor should be able to tell you what is required in your state.

Q: Why should we have an autopsy conducted?

- A:
- An autopsy is the only way to confirm the clinical diagnosis of CJD.
 - It also is the only way to determine the type of CJD. Most CJD cases are sporadic. Other types of CJD are genetic, iatrogenic, or variant.
 - It helps to further our understanding of CJD. Someday, we hope to be able to successfully treat this disease. To reach that goal, we must first understand how the disease works. Tissue acquired at autopsy by the Center is made available to laboratories qualified to do research on prions, helping to reach that goal.

➤ Autopsy Procedure & Logistics

Q: What does the autopsy entail?

A: We perform brain only autopsies. This means that we will remove the entire brain for analysis. If for some reason you would like to have a full autopsy conducted, please let us know. We will try to make arrangements with the Institution where the autopsy is to be performed.

Q: Will we still be able to have an open casket if we want one?

A: Only your funeral home can make that decision. However, many families who have an autopsy done have been able to have open casket funerals. Our autopsy coordinators are available to address any concerns that your funeral home might have. Ultimately, institutional policy changes are at the discretion of the funeral homes, and we cannot directly impact their internal policy-making or operational policies.

Q: How long will it take to have an autopsy performed?

A: The Center will make every effort to have the procedure completed within a day. However, please note that weekends and holidays can slow the process down. However, the autopsy can be performed with up to a few days delay without jeopardizing the diagnostic examinations

Q: Can the autopsy be performed locally?

A: Whenever possible, the Center brings a pathologist to the autopsy location in order to make the process as easy and quick as possible. However, the Center occasionally may have to use an out-of-town provider. The Center will make all the transportation arrangements and cover costs if they are necessary and works to complete the entire process as soon as possible. The Center will keep you posted if delays are expected so that you can adjust your plans accordingly.



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Q: How do we make arrangements for an autopsy if you decide to have the autopsy done?

A: Some hospitals will provide autopsy services for their patients. If they do not, the Center will make all the arrangements. If you would like the Center to make autopsy arrangements for your loved one, call our Autopsy Coordinators at 216-368-0587. All you will need to do is provide some basic information about your loved one and send written consent to perform the autopsy. The Center will take care of everything else.

➤ **Costs & Payments**

Q: How much will an autopsy cost?

A: If the Center arranges the autopsy for you, it will be provided free of charge, including transportation if necessary. Please note that we cannot cover funeral or embalming charges.

➤ **Autopsy Results & Reporting**

Q: Will the Center send us the results?

A: The NPDPSA cannot release results directly to family members. Our Internal Review Board (IRB) requires the Center to send the results to a medical doctor only. Often, the Center sends the results to the patient's neurologist or family doctor. You will be asked which doctor you would like to receive the results, and you can change this list at any time. These doctors can discuss the results with you, answer any questions you might have, and consult with you on the next steps.

Q: How long will it take to get results?

A: Once the tissue is received, the NPDPSA typically performs up to four different tests on the submitted tissue. Final reports are released approximately three months from the date of autopsy. Turnaround times may vary due to several factors, including circumstances outside of our control or the complexity of a case.

At any time, you can contact the NPDPSA by calling 216-368-0587 or by emailing cjdsurveillance@uhhospitals.org to learn about the status of your case.

Q: What if my loved one turns out not to have CJD?

A: The Center is willing to send the tissue samples to another facility for analysis. The Center will do everything possible to support your family in your search for answers. Unfortunately, the family must cover these expenses (if any) for the diagnosis made at other institutions.

➤ **Additional Support & Contact**

Q: What if I have more questions?

A: If you have any additional questions or would like to discuss your situation with someone at our Center, please call our Autopsy Coordinators at 216-368-0587.