

## Test Request Form

\*Updated March 5, 2018

Please provide the following information for all samples submitted to the NPDPS, 2085 Adelbert Road, Room 418, Cleveland, OH 44106-4907. **Please note that it is required that you complete the entire form.** This information aids the NPDPS in accomplishing its goal of accurate diagnostics and therefore more complete prion disease surveillance. For more information on our shipping protocols, please visit our website: <http://www.cjdsurveillance.com>.

### 1. Attending/Referring Physician\*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Hospital/Institution: \_\_\_\_\_

Street address: \_\_\_\_\_

City/State/Zip code: \_\_\_\_\_

❖ *The physician will be contacted and should be available for any brief telephone inquiry about this case*

### 2. Drawing/Sending Laboratory

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Laboratory/Hospital: \_\_\_\_\_

Street address: \_\_\_\_\_

City/State/Zip code: \_\_\_\_\_

### 3. Samples enclosed. (Please check all that apply.)

- CSF Panel (Please note that we request urine be sent with all CSF samples, if available.)  
*\*If NPDPS is to bill patient directly for testing, please also complete and submit the CSF Billing Requisition Form. Otherwise lab will be billed for this test.*

**Collection Date:** \_\_\_\_\_

- Urine (Urine will only be stored for future research purposes.)

**Collection Date:** \_\_\_\_\_

- Blood (Please see our blood protocol for special instructions before sending.)

**Collection Date:** \_\_\_\_\_

- Fixed brain biopsy tissue in 10% neutral buffered formalin

Treated in \_\_\_\_\_% formic acid for 30 min (Range of formic acid should be between 88-98%).  
Follow formic acid treatment with 10% formalin rinse.

**Biopsy Date:** \_\_\_\_\_  please check here if not treated with formic acid

- Frozen brain biopsy tissue

↳ Stored at:  -70°C (recommended)  -20°C  Refrigerator 4°C

**Biopsy Date:** \_\_\_\_\_

- Fixed brain autopsy tissue in 10% neutral buffered formalin for 2 weeks before sending

Grossed  Not grossed (if not grossed, do not treat with formic acid)

Grossed & Treated in \_\_\_\_\_% formic acid for 1 hour (Range of formic acid should be between 88-98%).  
(If grossed and treated, follow formic acid treatment with 10% formalin rinse)

**Autopsy Date:** \_\_\_\_\_

- Frozen brain autopsy tissue

↳ Stored at:  -70°C (recommended)  -20°C  Refrigerator 4°C

**Autopsy Date:** \_\_\_\_\_

4. **Patient Information**

Name: \_\_\_\_\_ ID# \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Onset (*month/year*): \_\_\_\_\_ Date of death (*if applicable*): \_\_\_\_\_

City, state and county of residence: \_\_\_\_\_ Current /previous occupations: \_\_\_\_\_

City and state of death (*if applicable*): \_\_\_\_\_

5. For all blood and tissue samples sent to the NPDPS, we REQUIRE that a full clinical history be submitted to aid us in making our diagnosis (if sending blood sample on an asymptomatic patient, you must submit family history). Has clinical history been submitted on this patient?

- Yes, it is enclosed in this package                       No, it will be sent under separate cover  
 Yes, it has been submitted previously

6. Has the patient served in the military?

- Yes                                       No

7. Does the patient have clinical history consistent with any of the following?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Rapid dementia     | <input type="checkbox"/> Cerebral infarction | <input type="checkbox"/> Acute brain trauma               |
| <input type="checkbox"/> Brain lymphoma     | <input type="checkbox"/> Paraneoplastic      | <input type="checkbox"/> Asymptomatic (for blood samples) |
| <input type="checkbox"/> Viral encephalitis | <input type="checkbox"/> encephalopathy      |   |

8. Does the patient have any family history of CJD or early onset dementia? If yes, please also submit information on family history.

- No                                       Yes, early onset dementia                       Yes, CJD (describe relationship below)

9. Please check if the patient may have any risk for the iatrogenic form of CJD due to the following factors:

- Human growth hormone (hGH)                       Human pituitary gonadotrophin (hGNH)

If either box above is checked, please list start and end dates of treatment:

- Intradural brain or spinal cord surgery. Please list date and location of surgery: \_\_\_\_\_

- Dura mater graft. Please list date and location of graft: \_\_\_\_\_

- Corneal transplant. Please list date and location of transplant: \_\_\_\_\_

- None of the above.

10. Does the patient have a known history of foreign travel or eating wild game?

- Yes, foreign travel: Where and when? \_\_\_\_\_

- Yes, patient consumed wild game: What type and from what state(s)? \_\_\_\_\_

- Yes, patient has a known history of hunting wild game: What state(s) and when? \_\_\_\_\_

- None of the above.

11. Did the patient donate/receive blood?  No                       Unknown

- Yes, donated: In what year(s) and city/state? \_\_\_\_\_

- Yes, received: In what year(s) and city/state? \_\_\_\_\_

12. **Accounts Payable/Billing Information (if applicable)**

Check here if AP/Billing information is same as Drawing/Sending Laboratory

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Laboratory/Hospital: \_\_\_\_\_

Street address: \_\_\_\_\_

City/State/Zip code: \_\_\_\_\_

**CPT/Sample Type**

**Price**

86317 (CSF) Tau	\$32.21
84182 (CSF) 14-3-3	\$38.67
0035U (CSF) RT-QuIC	\$540.99 (Effective April 1, 2018)
88371 (Biopsy) Frozen	\$44.22
88372 (Biopsy) Frozen	\$43.22
88307 (Biopsy) Fixed	\$297.03
88342 (Biopsy) Fixed	\$136.89

*\*If we are to bill the patient directly for cerebrospinal fluid or biopsy tissue testing, please complete our Cerebrospinal Fluid and Biopsy Bill Requisition found on our website, [www.cjdsurveillance.com](http://www.cjdsurveillance.com).*