

**NATIONAL PRION DISEASE PATHOLOGY SURVEILLANCE CENTER  
CLINICAL TEST REQUISITION FORM**

VERSION 3 (UPDATED FEBRUARY 2020)

Ship Monday-Thursday for next day delivery:  
**NPDPSC Institute of Pathology, CWRU**  
 2085 Adelbert Road, Room 418  
 Cleveland, OH 44106-4907  
 Tel: 216.368.0587 Fax: 216.368.4090  
 Email: CJDsurveillance@uhhospitals.org

**PATIENT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient MRN or Specimen Accession #: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Hispanic/Latino: Y N City & State of Residence: \_\_\_\_\_

Is patient deceased? Y N Date/Time of Death (if applicable): \_\_\_\_\_

Is there interest in the Autopsy Program\*? YES NO

\*CDC-sponsored brain autopsy is available to definitively diagnose or exclude prion disease. Call 216-368-0587 for details.

**ORDERING PROVIDER (REQUIRED INFORMATION)**

*Note: Results will be transmitted to Ordering Provider only, via fax only.*

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

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

Street Address/City/State: \_\_\_\_\_

**REFERRING LABORATORY**

*Note: Results will be transmitted to Referring Laboratory via fax only.*

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Street Address/City/State: \_\_\_\_\_

<input type="checkbox"/> CSF for prion markers (RT-QuIC, 14-3-3 $\beta$ , and total tau)  Collection date: _____  Is urine also enclosed? Y / N	<input type="checkbox"/> Autopsy tissue (FIXED) Collection date: _____ <input type="checkbox"/> Half/Whole Brain <input type="checkbox"/> Unstained slides #: _____ <input type="checkbox"/> Stained Slides #: _____ <input type="checkbox"/> Cassettes #: _____ <input type="checkbox"/> P/E Blocks #: _____ Formic acid treated**? Y / N	<input type="checkbox"/> Biopsy (FIXED) for histopathology Collection date: _____ <input type="checkbox"/> Brain fragment <input type="checkbox"/> Unstained slides #: _____ <input type="checkbox"/> Stained Slides #: _____ <input type="checkbox"/> Cassettes #: _____ <input type="checkbox"/> P/E Blocks #: _____ Formic acid treated**? Y / N
<input type="checkbox"/> Blood for PRNP genetic testing  Collection date: _____	<input type="checkbox"/> Autopsy tissue (FROZEN) <input type="checkbox"/> Half/Whole Brain <input type="checkbox"/> Other: _____ Collection date: _____	<input type="checkbox"/> Biopsy (FROZEN) for proteinase K-resistant prion protein testing  Collection date: _____

**SAMPLES ENCLOSED**

*Please check all that apply. See Shipping and Collection Protocols on Page 3.*

\*\*Formic acid treated means the specimen has been treated in 88-98% formic acid for one hour AFTER grossing then returned to 10% neutral buffered formalin for processing.

## **CLINICAL HISTORY & FINDINGS**

*This form is to be completed by the requesting clinician. Also, please attach a clinician's assessment note from the EMR.*

1. Clinical suspicion of prion disease (*Circle one number*): **LOW 1 --- 2 --- 3 --- 4 --- 5 --- 6 --- 7 --- 8 --- 9 --- 10 HIGH**

2. Symptoms concerning for Prion Disease (*Mark all that apply*):

<input type="checkbox"/> DEMENTIA Onset:	<input type="checkbox"/> ATAXIA Onset:	<input type="checkbox"/> MYOCLONUS Onset:	<input type="checkbox"/> VISUAL CHANGES Onset:
<input type="checkbox"/> EXTRAPYRAMIDAL Onset:	<input type="checkbox"/> PYRAMIDAL Onset:	<input type="checkbox"/> PSYCHIATRIC Onset:	<input type="checkbox"/> OTHER: Onset:

**SOCIAL & FAMILY HISTORY** (if "Yes" is circled, please provide additional details)

3. Has patient ever hunted? <b>Yes / No</b>  <b>Circle</b> all that apply: Deer / Moose / Elk / Caribou / other State/Province: Year(s):	4. Has patient ever consumed wild game: <b>Yes / No</b>  <b>Circle</b> all that apply: Deer / Moose / Elk / Caribou / other State/Province: Year(s):
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5. Is there a Family history of Prion Disease? <b>Yes / No</b>  Type of Prion Disease: CJD / GSS / FFI / other  Relationship to Patient:	6. Family history of Neurological Disease?: <b>Yes / No</b>  Type of Disease (Alzheimers, etc.):  Relationship to Patient:
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7. Has patient ever travelled to United Kingdom, Europe, or Saudi Arabia between the years of 1980-1996? <b>Yes / No</b> Countries: Year(s):
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## **MEDICAL & SURGICAL HISTORY**

8. Has patient ever donated blood? <b>Yes / No</b> Facility: Date:	9. Has patient ever received blood? <b>Yes / No</b> Facility: Date:
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10. Has patient had any of these procedures? <i>Circle all that apply:</i>  <b>Neurosurgery      Corneal transplant</b>  <b>Dura mater graft      None</b> Facility: Date:	11. Has patient had any of these treatments? <i>Circle all that apply:</i>  <b>Human growth hormone</b>  <b>Pituitary gonadotropin      None</b> Facility: Date:
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## **RADIOGRAPHIC FINDINGS**

*NPDPS offers MRI interpretation at no cost. For assessment, please send brain MRI on disc to our mailing address.*

12. Has patient had an MRI suggestive of prion disease?      **YES      NO      MRI not performed**  
13. Has patient had EEG with periodic sharp wave complexes?      **YES      NO      EEG not performed**

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

Check here if AP/Billing information is same as Referring Laboratory.

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

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

Street Address: \_\_\_\_\_

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

*\*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).*

## **SHIPPING AND COLLECTION INSTRUCTIONS**

**\*\*\*Please read all steps carefully before beginning to pack your specimen\*\*\***

**\*\*\*Shipment conditions significantly impact protein loss which can compromise test results\*\*\***

### **Ship all specimens to: NPDPS, 2085 Adelbert Road, Room 418, Cleveland, Ohio 44106**

A NPDPS Clinical Test Requisition Form must accompany each patient's specimen. All specimens should be shipped Priority Overnight to arrive before 10:30am using FedEx or UPS. Ship only Monday through Thursday for arrival the following weekday. Shipments are not received on weekends or holidays. Specimens should be packed by a person trained in shipping dangerous goods. All specimens should be shipped as UN 3373, Category B Material. The clinical laboratory at NPDPS is CLIA certified and HIPAA compliant.

### **CSF Shipping and Collection:**

Collect CSF by lumbar puncture. Discard the first 2 ml of CSF that flows from the tap. Collect 2-5 ml of clear, colorless CSF for testing. Bloody CSF cannot be accurately tested. A minimum of 2.0ml is required for testing. Freeze CSF immediately after collection. Store CSF at -80°C (or at least -20°C) until shipping the specimen on dry ice. Double box the specimen using a Styrofoam container with sufficient dry ice (5 lbs/24 hrs).

### **Blood Shipping and Collection:**

Collect 4 purple top (EDTA) tubes, 5ml each. Store blood at room temperature until shipped. Ship the same day as collected. Attach both the Testing and Reporting Policies Form and the NPDPS Test Request Form (including the family history section) which are available at [www.cjdsurveillance.com](http://www.cjdsurveillance.com). Ship at 15-30°C on the day of specimen collection.

### **Frozen Brain Biopsy Shipping and Collection:**

Freeze 0.5g of tissue from gray matter only. White matter, tumor, mass, or dura is not acceptable for prion diagnosis. Less than 0.5g may be acceptable if no other tissue is available. Place tissue into a sterile specimen cup and store in -80°C freezer (or at least -20°C) until shipped. Place Brain tissue into the primary bag and seal. Prepare a larger secondary bag by writing the patient's name and DOB on the outside of the secondary bag and filling the bag with absorbent material.

Place the sealed primary bag into the secondary bag and seal the secondary bag. Place into a Styrofoam box filled with sufficient dry ice (5 lbs/24 hrs). Place the Styrofoam box into a UN3373 approved cardboard box and seal. Always send frozen specimens separately from fixed specimens to avoid freezing of fixed tissue which may cause artifact.

### **Fixed Brain Biopsy Shipping and Collection:**

Place at least 0.5g of tissue from gray matter only in 10% buffered formalin for at least  $\geq 24$ hrs. White matter, tumor, mass, or dura is not acceptable for prion diagnosis. Treat the 0.5g specimen in 88-98% formic acid for 1 hour. Return the specimen to formalin for an additional 24 hrs (shipping time may be included on this step). Formic acid treatment can be performed here at the NPDPS if you are unable to perform this procedure. Be sure to mark on the test request form whether or not formic acid treatment was performed. Wrap the brain biopsy in formalin-soaked absorbent material (e.g. gauze). Place the wrapped brain into a sterile specimen container and into a primary bag & seal. Prepare a larger secondary bag by writing the patient's name and DOB on the outside of the secondary bag and filling the bag with absorbent material. Place the sealed primary bag into the secondary bag and seal the secondary bag. Place the bag into a small Styrofoam box and secure it with absorbent material. Place the Styrofoam box into a UN3373 approved cardboard box and seal. Always send frozen specimens separately from fixed specimens to avoid freezing of fixed tissue which may cause artifact.

### **Autopsy Shipping and Collection:**

Autopsy brain tissue should be sent half fixed (in 10% buffered formalin for 2 weeks) and half frozen in a -80°C freezer (or, lacking that, in a -20°C freezer). Do NOT treat whole brains in formic acid. Formic acid treatment can be completed by the NPDPS if you are unable to perform this procedure. Cutting and sampling of fixed brains should be performed using BSL-2/BSL-3 precautions until the brain samples are treated with formic acid for 1 hour. If paraffin sections are submitted, please cut 1 section 5 micron thick (for H&E) and 3 sections 8 micron thick (for PrP IHC).

**NOTE:** A Prion Tissue Kit for full brain autopsies may be purchased by calling **Berlin Packaging** and ordering part number **HMS-69255**. The kit includes a separate box for fixed and frozen tissue, along with all required forms and labels.

**\*For additional information please visit [www.cjdsurveillance.com](http://www.cjdsurveillance.com) or contact the NPDPS at 216-368-0587 or [cjdsurveillance@UHhospitals.org](mailto:cjdsurveillance@UHhospitals.org)**