



## PRION DISEASES SECTION REQUISITION FOR LABORATORY TESTING: CSF PROTEIN PANEL

**Prion Diseases Section**  
National Microbiology Laboratory  
1015 Arlington Street, Winnipeg, MB R3E 3R2  
Telephone: (204) 789-6078 / Fax: (204) 789-5009  
Email: CJD@phac-aspc.gc.ca

### SENDER INFORMATION

INSTITUTION: \_\_\_\_\_

LABORATORY/DEPARTMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_

POSTAL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Note: Reports will be sent by fax to the number provided above.**

### PATIENT INFORMATION

NAME: \_\_\_\_\_

DATE OF BIRTH (YYYY-MM-DD): \_\_\_\_\_

SEX

☐ M

☐ F

CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_

### SPECIMEN INFORMATION

SPECIMEN REF #: \_\_\_\_\_

COLLECTION DATE (YYYY-MM-DD): \_\_\_\_\_

**Note: Minimum 1 mL required. Store and ship at -80°C. Sample must be non-xanthochromic and contain no visible blood.**

### RISK FACTORS FOR CJD (required)

#### MEDICAL AND SURGICAL PROCEDURES

##### Surgical Procedures

Has the patient had any of the following procedures?  
(check all that apply)

☐ NEUROSURGERY

☐ CORNEAL TRANSPLANT

☐ DURA MATER GRAFT

☐ NONE

##### Medical Treatment

Has the patient received any of the following treatments?  
(check all that apply)

☐ PITUITARY GONADOTROPIN (cadaveric)

☐ HUMAN GROWTH HORMONE (cadaveric)

☐ NONE

### TEST REQUESTED

☐ CSF PROTEIN PANEL\*

Includes EP-QuIC Assay

14-3-3 Gamma ELISA

Total tau ELISA

Note: \*Accredited by the Standards Council of Canada to Laboratory no. 594 (ISO/IEC 17025)

### REFERRING PHYSICIAN

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### SUSPICION OF CJD

☐ HIGH PROBABILITY

☐ LOW PROBABILITY

☐ UNKNOWN

### DISEASE INDICATIONS

ILLNESS ONSET (YYYY-MM-DD): \_\_\_\_\_

☐ DEMENTIA

☐ ATAXIA

☐ MYOCLONUS

☐ VISUAL PROBLEMS

☐ EXTRAPYRAMIDAL

☐ PYRAMIDAL

☐ PSYCHIATRIC

OTHER: \_\_\_\_\_



## PRION DISEASES SECTION REQUISITION FOR LABORATORY TESTING: CSF PROTEIN PANEL

**Prion Diseases Section**  
National Microbiology Laboratory  
1015 Arlington Street, Winnipeg, MB R3E 3R2  
Telephone: (204) 789-6078 / Fax: (204) 789-5009  
Email: CJD@phac-aspc.gc.ca

### RADIOGRAPHIC FINDINGS

Has the patient had an MRI suggestive of CJD?

- ☐ YES  
☐ NO  
☐ MRI not performed

Has the patient had an EEG with periodic short wave complexes?

- ☐ YES  
☐ NO  
☐ EEG not performed

### FAMILY HISTORY

Does the patient have a family history of CJD?

- ☐ YES  
☐ NO

If yes, what type of prion disease?

- ☐ CJD  
☐ GSS  
☐ FFI

OTHER:

### HISTORY OF HUNTING AND/OR CONSUMPTION OF GAME

Has the patient ever hunted?

- ☐ YES  
☐ NO

If so, indicate hunted game:

- ☐ DEER  
☐ ELK  
☐ MOOSE  
☐ CARIBOU

OTHER:

Has the patient ever consumed venison?

- ☐ YES  
☐ NO

Consumed game:

- ☐ DEER  
☐ ELK  
☐ MOOSE  
☐ CARIBOU

OTHER: