



PRION DISEASES SECTION REQUISITION FOR LABORATORY TESTING: DETECTION OF PRION PROTEIN BY WESTERN BLOT

Prion Diseases Section
National Microbiology Laboratory
1015 Arlington Street, Winnipeg, MB R3E 3R2
Telephone: (204) 789-6078 / Fax: (204) 789-5009

SENDING LABORATORY

SENDING PATHOLOGIST:

LABORATORY/HOSPITAL:

ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

TELEPHONE:

FAX:

EMAIL:

REFERRING CLINICIAN

(to whom a copy of the report should be sent)

NAME:

HOSPITAL/INSTITUTION:

ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

TELEPHONE:

FAX:

EMAIL:

SAMPLES AND INFORMATION ENCLOSED

(Check all that apply)

CJDSS NUMBER (if applicable):

Source:

AUTOPSY

BIOPSY

State:

FROZEN TISSUE (on dry ice)

SECTIONS (approx. 1x1x1cm)

SLICES

FORMALIN FIXED

FIXATION DATE (YYYY-MM-DD):

PARAFFIN BLOCKS

DECONTAMINATED IN 96% FORMIC ACID: YES NO

STAINED/UNSTAINED SLIDES

DECONTAMINATED IN 96% FORMIC ACID: YES NO

Clinical History:

ENCLOSED

SUBMITTED PREVIOUSLY

PATIENT INFORMATION

FIRST NAME:

LAST NAME:

DATE OF BIRTH (YYYY-MM-DD):

DECEASED: YES NO

DATE OF DEATH (if deceased) (YYYY-MM-DD):

GENDER: M F O

SENDING LABORATORY #:

GENETIC CONSENT

Do you wish to have genetic sequencing performed on the entire prion protein gene? Please note that if you indicate "yes" the diagnostic lab will coordinate with the Creutzfeldt-Jakob Diseases Surveillance System to administer appropriate consent forms.

YES

NO

The National Microbiology Laboratory (NML) of the Public Health Agency of Canada (PHAC) provides reference diagnostic services free of charge. The Client and NML agree that this requisition acts as an agreement for the NML to provide testing, as described in the Guide to Services, for the above requested tests.

March 2024