Public Health Agency of Canada | Agence de la santé publique du Canada

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PRION DISEASES SECTION REQUISITION FOR LABORATORY TESTING: PRNP SEQUENCE ANALYSIS

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 CODE:

TELEPHONE: FAX:

EMAIL:

Note: Sender will not receive results, but can expect a report confirming results have been released.

PATIENT INFORMATION

NAME:

DATE OF BIRTH (YYYY-MM-DD):

SEX ◯ M ◯ F ◯ O

CITY: PROVINCE:

SPECIMEN INFORMATION

SPECIMEN REF #:

COLLECTION DATE: (YYYY-MM-DD):

☐ WHOLE BLOOD

Note: 15 mL whole blood collected in ACD or EDTA tubes is required. Send immediately or store at 4°C.

OR

☐ DNA

EXTRACTION BUFFER:

CONCENTRATION:

TEST REQUESTED

☐ PRNP SEQUENCE ANALYSIS*

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

Completed patient consent is required.

GENETIC COUNSELLOR / PHYSICIAN

NAME:

ADDRESS:

CITY:

PROVINCE: POSTAL CODE:

TELEPHONE: FAX:

EMAIL:

Note: PRNP Analysis Reports will be sent directly to this physician/ genetic counsellor. Reports will be couriered to the address provided.

OTHER INFORMATION

☐ SYMPTOMATIC TESTING

☐ PREDICTIVE TESTING

NAME OF THE RELATIVE WITH CJD:

RELATION TO THIS PERSON:

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.

May 2025