



# 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.**

## 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

## CANADIAN CREUTZFELDT-JAKOB DISEASE SURVEILLANCE SYSTEM

The Canadian Creutzfeldt-Jakob Disease Surveillance System (CJDSS) is operated by the Public Health Agency of Canada and conducts national surveillance of human prion disease in Canada. The main purposes of the CJDSS are to better understand the epidemiology of human prion diseases, to improve the options available for their rapid and accurate diagnosis, and to protect the health of Canadians by reducing risks of prion disease transmission.

**Please be informed that by submitting this requisition patient information and test results will be shared with the CJDSS who may contact the referring physician.** Definite diagnosis of CJD can only be made post mortem and so follow-up may include tests with both positive and negative results.

The CJDSS provides support services for clinicians and patients, including autopsy arrangement and co-ordination of post-mortem definitive diagnosis of CJD. For more information on the services offered by the CJDSS please visit:

<https://www.canada.ca/en/public-health/services/surveillance/blood-safety-contribution-program/creutzfeldt-jakob-disease.html>

Email: [cjdsurveillance@phac-aspc.gc.ca](mailto:cjdsurveillance@phac-aspc.gc.ca)

Toll-free phone number: 888-489-2999



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## 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

### 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:

### DISEASE INDICATIONS

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

- DEMENTIA
- ATAXIA
- MYOCLONUS
- VISUAL PROBLEMS
- EXTRAPYRAMIDAL
- PYRAMIDAL
- PSYCHIATRIC

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: