



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
Email: CJD@phac-aspc.gc.ca

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 #: