



## 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

### 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 ☐ OO

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)

CJDSS NUMBER (IF AVAILABLE): \_\_\_\_\_

**Completed patient consent is required.**

Please contact the CJD Surveillance System (CJDSS):

Telephone: 888-489-2999

Fax: 613-954-5012

Email: phac.cjdsurveillance.aspc@canada.ca

### 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: \_\_\_\_\_