



Patient Details:

Patients Name: _____ Maiden Name: _____
 DOB: _____ Todays Date: _____
 Address: _____
 _____ GP Name & Address: _____
 Referring Consultant: _____
 Contact No: _____ Assessed by Neurologist? _____
 Email address: _____ Neurologist Details: _____
 Report to (email): _____ INCJDSU Notified? ¹ _____
 Attending Hospital: _____ MOH Notified? ² _____

Clinical Details: Symptomatic No Yes

Classification ³	<input type="checkbox"/> Sporadic CJD <input type="checkbox"/> Familial CJD	<input type="checkbox"/> Definite CJD <input type="checkbox"/> Possible CJD
	<input type="checkbox"/> Variant CJD <input type="checkbox"/> Iatrogenic CJD	<input type="checkbox"/> Probable CJD <input type="checkbox"/> Diagnosis Unclear
	<input type="checkbox"/> At increased risk of CJD?	

EEG performed?	<input type="checkbox"/> Triphasic Periodic Discharge (1/sec)?
Brain MRI performed?	<input type="checkbox"/> Caudate/putamen (sCJD) OR <input type="checkbox"/> Pulvinar (vCJD) high signal?

Symptoms	Date of first symptoms? DD/MM/YYYY		
Any of the following?	<input type="checkbox"/> Myoclonus?	<input type="checkbox"/> Ataxia	<input type="checkbox"/> Akinetic mutism?
	<input type="checkbox"/> Pyramidal features	<input type="checkbox"/> Cerebellar problems	<input type="checkbox"/> Chorea / Dystonia?
	<input type="checkbox"/> Extrapyramidal features	<input type="checkbox"/> Psychiatric symptoms	<input type="checkbox"/> Sensory/Visual symptoms?
Differential?			

Procedures Performed?		Hospitals Attended?	
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CSF Specimen Details:

Date of Sampling	DD/MM/YYYY	Date of Receipt	DD/MM/YYYY
White Cell Count	<10 x 10 ⁶ /L	Storage Conditions	<input type="checkbox"/> -70°C
Red Cell Count	<1250 x 10 ⁶ /L		<input type="checkbox"/> -20°C
CSF Total Protein	<1g/L		<input type="checkbox"/> 4°C

Have any of the following applicable CJD or vCJD incidents occurred? YES No

- A patient has donated organs/tissues before being diagnosed with CJD or vCJD
- A patient has donated blood before being diagnosed with vCJD
- A patient has donated organs/tissues before being identified as having an increased risk of CJD or vCJD
- A patient has donated blood before being identified as having an increased risk of vCJD
- A patient with definite/probable/possible diagnosis of CJD or vCJD has had an invasive procedure involving high or medium level risk tissues within the likely infective period and appropriate infection control guidance was not followed.
- A patient with an increased risk of CJD or vCJD had an invasive procedure involving high or medium risk level tissues and appropriate infection control guidance was not followed

The Irish National CJD Surveillance Unit will not process CSF samples without receipt of this completed form.

¹ **INCJDSU:** Irish National CJD Surveillance Unit
Department of Neuropathology
Beaumont Hospital
Dublin 9
Tel: (01) 809 2631 / (01) 809 2633 / (01) 797 7766
e-mail: cjdsurveillanceunit@beaumont.ie

² **MOH:** MOH is the Director of Public Health (DPH) or a designated Consultant in Public Health Medicine (CPHM). For relevant contact details please see <http://www.hpsc.ie/hpsc/NotifiableDiseases/>

³ **Classification** See Case Definitions <http://www.hpsc.ie/hpsc/NotifiableDiseases/CaseDefinitions/> for guidance

⁴ **Diagnosis unclear:** some cases, especially early in the course of the disease may not reach the diagnostic criteria of possible CJD, but may still be suspected as cases of CJD.