

Dr. Ausrine Areskeviciute
Dansk Referencecenter for Prionsygdomme
Prion Laboratoriet, Afdeling for Patologi,
Opgang 54, Rigshospitalet
Inge Lehmanns vej 14 (Teilum bygning),
4.sal (prøve modtagelse),
2100 Ø København, Danmark
Tel: +45 3545 4873
E-mail: ausrine.areskeviciute@regionh.dk

Dansk Referencecenter for Prionsygdomme

Blood sample for *PRNP* gene sequencing

Requesting Hospital:

Name and address:

Department, telephone no.:

Department's SKS no.:

Requesting doctor, telephone no., e-mail:

Patient:

Surname:

Name (middle name):

CPR/ personal ID number:

Blood (lilla EDTA-rør):

Date blood is drawn:

Date blood is sent for analysis:

Blood storage*: 4°C room temp. (select one)

Patient's clinical information

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Myoclonus:

Pyramidal/extra-pyramidal symptoms:

Ataxia/cerebellar symptoms:

Sensory symptoms:

Psychiatric symptoms:

Family history:

Iatrogenic exposure:

MRI details:

EEG details:

*** It is recommended that sample is stored at 4°C.**

This form must be filled out and delivered together with the sample.