

Abteilung für Neuropathologie und Neurochemie
[Obersteiner Institut]

Abteilungsleiterin: Assoc. Prof. Dr. Romana Höftberger

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www.kin.at

DVR: 0797154

Request form for M. Alzheimer Diagnostics / Assessment

Patient information		Referring hospital (incl. FAX):
Last name:		
First name:		
Date of birth:	<input type="radio"/> female <input type="radio"/> male	
Address:		
Phonenumber: Mobile: other:		
Medicare Number:		<input type="radio"/> susp. of M. Alzheimer
CSF Collection date		<input type="radio"/> susp. of others: _____

<u>Clinical symptoms:</u>	<u>Paraclinical tests (EEG, imaging)::</u>

β -Amyloid₍₁₋₄₂₎, hTau and phospho-Tau_(181P)

Sampling: 2 ml CSF: Please collect in **polypropylene tubes**. When glass/polystyrene tubes are used, a reliable evaluation is not possible! In case of macroscopic blood contamination please centrifuge immediately after CSF collection (10 min, 1 000 rcf); a **BLOODY CSF is NOT SUITABLE** for the examination!

<i>PLEASE FILL IN!</i>	
CSF: (if known)	<i>Centrifugation before shipment:</i>
Cell number: _____	<input type="radio"/> yes <input type="radio"/> no
Erythrocyte count: _____	
Total protein: _____	<i>Frozen before dispatch:</i>
	<input type="radio"/> yes <input type="radio"/> no

ApoE Genotyping **Attention: No processing without a signed informed consent !**

Sample size: 9 ml EDTA-Blood

Please fill in legibly and completely !

Date and signature of referring physician

Name in CAPITAL LETTERS

Phone number for possible queries

Version: 2020-02-04

To be filled in by the Division of Neuropathology and Neurochemistry:	
Polypropylen: <input type="radio"/> yes <input type="radio"/> no	Macroscopically:
After \cup :	Volume: