

Abteilung für Neuropathologie und Neurochemie
 [Obersteiner Institut]

Abteilungsleiterin: Univ. Prof. Dr. Romana Höftberger

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 www.meduniwien.ac.at/npc DVR: 0797154

Request form for M. Alzheimer Diagnostics / Assessment

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

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

 β -Amyloid₍₁₋₄₀₎, 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!

| | |
|---------------------------|---|
| PLEASE FILL IN! | |
| CSF: (if known) | <i>Centrifugation before shipment:</i> Oyes Ono |
| Cell number: _____ | |
| Erythrocyte count: _____ | |
| Total protein: _____ | |
| | <i>Frozen before dispatch:</i> Oyes Ono |

 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 ☺: _____ | Volume: _____ |