

**Abteilung für Neuropathologie und Neurochemie**  
(Obersteiner Institut)

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www.kin.at

DVR: 0797154

**Request Form for prion diseases and unclear dementia**  
**Diagnostics/Assessment**

<b>Patient information</b>		<b>Referring hospital (incl. FAX):</b>	
Last name			
First name:			
Date of birth	<input type="checkbox"/> female <input type="checkbox"/> male		
Address:			
Phonenumber	Mobile: _____ other: _____	Referring physician	
Medicare number		<b>CSF</b> collection date:	

- susp. of prion disease** protein 14-3-3 by ELISA and disease-associated prion protein (PrP) with RT-QuIC
- susp. of others:** \_\_\_\_\_ protein 14-3-3 by ELISA

Clinical symptoms / paraclinical tests (EEG, imaging):

**Sample size: 2 ml CSF and 9 ml EDTA-blood**

**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 significantly** limits the validity of the examination!

<b>PLEASE FILL IN!</b>	
<b>CSF:</b> (if known)  Cell number: _____  Erythrocyte count: _____  Total protein: _____	<b>Previous surgical interventions</b> (neurosurgical, ophthalmological, dura- or cornea transplant; other surgery in last 6 months):

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:  yes  no      Macroscopically:

After ☺:

Volume: