FORM A: Referral of cases/suspect TSE cases to the National CJD Surveillance Unit (NCJDSU)[1] and to the Local Department of Public Health (Also to be adapted with outcomes data)

Patient Details:

Patients Name:		Maiden Name:	
DOB:		Today's Date:	
Address:		GP Name & Address:	
Referring Consultant Name:			
Attending Hospital:		Assessed by Neurologist?	
Contact No.:		Neurologist details:	
If possible vCJD: donated/received blood/plasma components?		All types TSE: donated/received tissues/organs?	
MOH/Public Health notified?[2]		NCJDSU Notified?	

Clinical Details: Symptomatic No ☐ Yes ☐

Classification[3]:

☐ **Sporadic CJD**	☐ **Familial CJD**
☐ **Variant CJD**	☐ **Iatrogenic CJD**

☐ **Definite CJD**	☐ **Possible CJD**
☐ **Probable CJD**	☐ **Diagnosis Unclear[4]**

☐ **At increased risk of CJD**

Date of first symptoms?

Symptoms:
Any of the following:

☐ Myoclonus	☐ Ataxia
☐ Pyramidal features	☐ Cerebellar problems
☐ Extrapyramidal features	☐ Psychiatric symptoms
☐ Akinetic mutism	☐ Sensory symptoms
☐ Chorea / Dystonia	☐ Visual symptoms

EEG?	[Triphasic Periodic Discharge (1/sec)?]
Brain MRI?	[Caudate/putamen (sCJD) **OR** pulvinar (vCJD) high signal?]
CSF 14-3-3?	
Biopsies Performed?	

Diagnostic Outcome:
Confirmed CJD ☐
CJD thought unlikely ☐
Not CJD ☐

Details re diagnostic outcome:

HAS any of the following applicable CJD or vCJD incident occurred?: YES NO

- o A patient has donated organs/tissues before being diagnosed with CJD or vCJD
- o A patient has donated blood before being diagnosed with vCJD
- o A patient has donated organs/tissues before being identified as having an increased risk of CJD or vCJD
- o A patient has donated blood before being identified as having an increased risk of vCJD
- o A patient with confirmed/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
- o A patient with an increased risk of CJD or vCJD had an invasive procedure involving high or medium level risk tissues and appropriate infection control guidance was not followed

CSF Specimen Details:

Date of Sampling:		**Date CSF sent:**	
Storage Conditions:	4°C ☐	-20°C ☐	-70°C ☐
White cell count		**Red cell count**	
CSF Total Protein			

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

[1]**NCJDSU:** National CJD Surveillance Unit
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[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/NotifiableDiseases/Whotonotify/File,13160,en.pdf

[3] **Classification** For guidance refer to the Diagnostic Criteria and Case Definitions
http://www.hpsc.ie/a-z/other/cjd/casedefinitions/

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.