CONFIDENTIAL DOCUMENT
INFORMATION RELATED TO THE PATIENT'S MEDICAL CONDITION

eurofins | Biomnis

Protein 14.3.3 Information Form
Creutzfeldt-Jakob disease markers

INTERNATIONAL DIVISION
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PATIENT DETAILS

First name(s): ..... Surname: .....

Maiden name: ..... Date of Birth: ☐☐/☐☐/☐☐☐☐

Gender: ☐ Male ☐ Female

Patient's reference: .....

Sample type: FROZEN CSF

Collection date: .....

PRESCRIBING CLINICIAN

Name: ..... Surname: .....

Postal address: .....

Country: .....

Tel.: ☐☐☐☐☐☐☐☐☐☐ Fax: ☐☐☐☐☐☐☐☐☐☐

Email address: .....

CLINICAL DETAILS (complete patient's details enable full results interpretation)

Date of first symptoms: ☐☐/☐☐/☐☐☐☐

• **Myoclonia**	☐ YES	☐ NO
• **Recent cognitive or dementia syndrome**	☐ YES	☐ NO
• **Cerebral and/or ataxia syndromes**	☐ YES	☐ NO
• **Visual symptoms**	☐ YES	☐ NO
• **Pyramidal syndrome**	☐ YES	☐ NO
• **Extrapyramidal syndrome**	☐ YES	☐ NO
• **Akinetic mutism**	☐ YES	☐ NO
• **Psychiatric symptoms in the last three months**	☐ YES	☐ NO
• **Widespread pain**	☐ YES	☐ NO

• **EEG:** Normal ☐ slow ☐ pseudo-periodic ☐ periodic ☐ Not performed ☐

Please specify below the symptoms observed and the reason for test prescription: (enclose CSF isofocalisation or proteins electrophoresis and MRI results): .....

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R33-INTGB - April 2024