



Biomnis

Clinical Information Form
P-TAU - Alzheimer disease markers

INTERNATIONAL DIVISION

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PATIENT DETAILS

First name(s): Surname:

Maiden name: Date of Birth: [][][][][][][][][] Gender: M F

Patient's reference:

Sample type: CSF collected and stored on tube Ref. 62 610 201, supplier Sarstedt 10 mL
(when collected : **Send the sample** to your laboratory **immediately**)

Collection date and time:

Freezing date and time:

CLINICIAN

Prescribing Clinician:

Name and surname:

Postal address:

Email address:

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

Date of first symptoms: [][][][][][][][][]

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|---|---|--|--|
| ● Memory symptoms | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| ● Aphasia | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| ● Apraxia | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| ● Agnosia | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| ● Dysexecutive syndrome | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| ● Depression | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| ● Falls, fainting, loss of conscientiousness | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| ● Family history (who?) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| ● Extra pyramidal symptoms | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| ● Psychiatric behavioural problems | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| ● Visual hallucinations | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| ● MRI: | Normal: <input type="checkbox"/> YES <input type="checkbox"/> NO | Atrophy: <input type="checkbox"/> YES <input type="checkbox"/> NO | Not performed: <input type="checkbox"/> |
| ● ApoE Genotype: | Not performed: <input type="checkbox"/> | | |

Suspected diagnosis:

Treatment:

Neurological tests: please specify the name of the tests and the scores:

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Please specify below the symptoms observed and the reason for test prescription:

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