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| **Alzheimer’s Biomarkers Request form**clear James logo (2)**IMMUNOLOGY DEPARTMENT****CPL, St. James’s Hospital, Dublin 8.** **Tel.: 4162925 / 4162061 / 4162075**  | **FOR LABORATORY USE ONLY** **PLEASE AFFIX SPECIMEN NUMBER BARCODE LABEL HERE** |
| **Patient Details (Complete Fully OR Attach an Addressograph Label inside the dotted line below):** **Surname**  **First Name Male Female**  **Date of Birth / / Ethnicity (if relevant)**  |
|  **Patient’s Address:**  |
| **Clinician \*Referral lab address and Specimen Number Clinician’s Telephone:** **Hospital****Clinician’s This is mandatory to ensure the****Signature doctor can be contacted during** **routine laboratory working****M.C.R.N. hours 8am to 8pm.**  |
|  **Date Taken: Time Taken: Date/Time Received:**  |

|  |  |  |  |
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| **TEST** |  | **Sample Type** | **Sample handling and dispatch** |
| **Alzheimers’ Biomarkers (ALZH)** | **[ ]**  | **CSF**  | *Please ensure that pre-analytical requirements (see below) are met* |

1. **Clinical Presentation – NB please fill in details**

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| --- | --- | --- | --- | --- | --- | --- |
| **Background** |  |  | **FIRST symptom** | **Please tick** | **Clinical Diagnosis** | **Please tick** |
| Age at onset of clinical symptoms |  |  | Memory | **[ ]**  | Amnestic MCI | **[ ]**  |
| *MMSE* |  |  | Language | **[ ]**  | Non-amnestic MCI | **[ ]**  |
| *MOCA* |  |  | Visuospatial | **[ ]**  | Alzheimer’s Disease | **[ ]**  |
|  |  |  | Behaviour | **[ ]**  | Primary progressive aphasia (PPA) semantic variant | **[ ]**  |
|  |  |  | Executive Functions | **[ ]**  | PPA logopenic variant | **[ ]**  |
|  |  |  | Others | **[ ]**  | PPA nonfluent variant | **[ ]**  |
|  |  |  |  |  | Behavioral variant frontotemporal dementia | **[ ]**  |
|  |  |  |  |  | Other | **[ ]**  |

1. **Treatment:**

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| --- | --- | --- |
| **Is patient receiving AD medication** | **Yes/No** |  |

***Sample Requirements for Alzheimer Biomarker Testing on CSF***

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| **General Information / Sample Requirements** |
| CSF must be obtained aseptically by Lumbar puncture into Sterile Polypropylene 10ml tubes (Sarstedt REF: 62.9924.284) for CSF. (2.5ml of CSF required) – **samples must be centrifuged within 2hrs of collection**:1. Where External Institutions cannot guarantee immediate delivery, samples must be centrifuged at 2000rcf (3300rpm) for 10mins at Room Temp **within 2hrs** of collection.
2. The supernatant should be carefully aspirated using **polypropylene pipette tips** and transferred as 0.5ml aliquots into clean **polypropylene tubes**.
3. Once collected and processed aliquots must be stored upright until frozen and maintained at -80oC.
4. A minimum of two (ideally 4) 0.5mL aliquots must be transported frozen on dry ice to the Immunology Department, St James’s Hospital. Remaining CSF aliquots can be stored at -80oC for up to two years.
5. \*Please ensure requesting hospital and referral specimen number are clearly stated.

**\*PLEASE CONTACT LABORATORY ON 01-4162925 TO INFORM OF SAMPLE DISPATCH****\*MARK ‘URGENT FOR IMMUNOLOGY’ ON PACKAGE****\*\*SAMPLES WILL BE ACCEPTED MONDAY TO FRIDAY BEFORE 4PM** |