|  |  |
| --- | --- |
| **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:** | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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:**

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

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

|  |
| --- |
| **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** |