

CSF 14-3-3 Protein TEST

Specimen Data Sheet

(This form to accompany CSF specimen)

Specimen Lab No: _____

Collection Date: _____

Drawing / Sending Laboratory Details

Contact Name: _____

Telephone: () _____ Fax: () _____

Laboratory/Hospital: _____

Street Address: _____

City/Suburb: _____ State: _____ Post Code: _____

How was the specimen stored prior to shipping?

- Frozen -70°C (recommended)
 Frozen -20°C
 Refrigerator 4°C
 Room Temperature

Checklist for completion prior to sending CSF specimen:

- Check routine biochemistry & microbiology results are within specified limits (below) and record in spaces provided below
- **RBC must be less than 500 x 10⁶/L**
 - **CSF must be clear and colourless**
 - **WBC must be less than 10 x 10⁶/L**
 - **Check specimen has not been spun**
- Provide a copy of original doctor's request slip with sample
- Ensure specimen is double bagged and packed securely in dry ice
- Has the ANCIJR been contacted on **(03) 8344 1949** and informed of the specimen delivery?
- Ensure specimen is correctly addressed to:

**The Australian National CJD Registry
 Melbourne Brain Centre (Kenneth Myer Building)
 Cnr Genetics Lane and Royal Pde
 Gate 11, rear loading dock
 Parkville, VIC 3052, Australia**

Biochemistry	Microbiology
• Protein: _____ g/L	• Red Cell Count: _____ x10 ⁶ /L (must be < 500)
• Glucose: _____ mmol/L	• White Cell Count: _____ x10 ⁶ /L (must be < 10)
• Tube No. being sent for 14-3-3 testing: _____	• Tube No. microbiology performed on: _____

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