**CJD DIAGNOSTIC SERVICE REFERRAL**

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|  |  | **REFERRAL NO.**  **(For office use only)** |
| **Date:** | **Referrer:** |  |
| **Referrer Contact** |  |  |
| **Landline:** | **Mobile:** | **Email:** |
| **Hospital** |  |  |
| **Patient Name** |  |  |
| **ID Details** | **Date of Birth** | **NHS No.** |
| **Patient Address** |  |  |
| **MRI Date Performed** | **Hospital where MRI done** |  |
| **Local MRI Report** |  |  |
|  | ***PLEASE ASK YOUR PACS TEAM TO SEND IMAGES FOR REVIEW TO:***  ***The Royal Infirmary of Edinburgh***  ***& University College Hospital London*** | **PACS request made**  **Y N** |
| **LP performed Y or N**  **(circle as appropriate)** | **Y** | **N** |
| **CSF** | **Cells** | **Protein** |
| **CSF RT-QuIC requested**  **(circle as appropriate)** | **Y** | **N** |

**BRIEF CLINICAL DETAILS/RELEVANT INVESTIGATION RESULTS**

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