The Florey Institute of Neuroscience and Mental Health

National Dementia Diagnostics Laboratory

CSF Alzheimer's Disease Screen (Aβ1-42, Tau, Phospho-tau)

Specimen Data Sheet

(This form is to accompany CSF samples)

NATA Accreditation Number 19256

Delivery Address: National Dementia Diagnostics Laboratory
The Florey Institute of Neuroscience and Mental Health
Kenneth Myer Building (Melbourne Brain Centre)
30 Royal Parade, corner Genetics Lane
Gate 11, Rear loading Dock
The University of Melbourne
Parkville, VIC 3010

Enquiries:
Tel: (03) 9035 7243
Fax: (03) 9035 8768
Email: enquiries-nddl@unimelb.edu.au

REFERRING LABORATORY DETAILS

Contact Name & email: _____

Phone : ( ) **Fax to send report** ( ) _____

Laboratory/Hospital: _____

Street Address: _____

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

Billing Address:

☐ As Above. Email address to send invoice: _____

☐ Other (please specify): **Company name:** _____

Contact name/email: _____

Address: _____

_____

Referring Laboratory Sample Number: _____

Collection Date: _____

HOW WAS THE SAMPLE STORED AND TRANSPORTED?

(PLEASE ENSURE SAMPLE IS COLLECTED AND STORED IN A POLYPROPYLENE TUBE)

☐ Room Temperature (18-24°C) (if delay >24 hours anticipated, freeze at -20°C) ☐ Frozen –20°C (shipped in dry ice)

Biochemistry		Microbiology	
Protein:	g/L	Red Cell Count:	x10^6/L **(< 500)**
Glucose:	mmol/L	White Cell Count:	x10^6/L **(< 10)**
Tube No. being sent for CSF AD testing:		**Tube No. microbiology performed on:**	

CHECKLIST REQUIRED PRIOR TO SENDING CSF SAMPLE:

☐ **Alzheimer's Disease Screen** (Aβ1-42, Tau, Phospho-tau)

Or individual analytes/proteins:

☐ Tau ☐ Phospho-tau ☐ Aβ1-42

☐ **Polypropylene Tube** used for specimen collection & storage?

☐ Specimen has not been spun ☐ Specimen has been spun (10min at 2000g within 2 hour of collection)

☐ Check routine biochemistry & microbiology results are within preferred limits, & record in spaces provided above

RBC < 500 x 10^6/L (unspun) or <5000x10^6/L (if spun) **Protein level <1g/L**

WBC < 10 x 10^6/L **CSF must be clear and colourless**

☐ Provide a copy of original doctor's request form and referral laboratory request form with the sample

☐ Ensure specimen is double bagged and packed securely

☐ Has the NDDL been contacted on **enquiries-nddl@unimelb.edu.au** or **(03) 9035 7243** for the specimen delivery?

☐ Ensure specimen is correctly addressed to the delivery address above