

TISSUE PROCESSING & TESTING REQUEST FORM

REQUESTOR DETAILS:

Requestor name:	Date:
Telephone:	Email:
Sending Laboratory / Address details:	Billing details (if different to Lab details): <i>*Overseas laboratories only</i>

SPECIMEN IDENTIFICATION:

Tissue type:
Sending Laboratory ID number:
Patient identification (Name, DOB, DOD):

TESTS REQUESTED (SELECT ALL THAT ARE REQUIRED):

**Testing for International specimens may incur fees, as indicated. Domestic samples do not incur fees.*

***Please contact the ANCJDR before collecting tissue biopsies for instructions and requirements.*

<input type="checkbox"/>	DNA Extraction (from fresh/frozen brain tissue)	Fee: \$200
<input type="checkbox"/>	Codon 129 PRNP analysis	Fee: \$100
<input type="checkbox"/>	Diagnostic PrP ^{Sc} detection	Fee: \$400
<input type="checkbox"/>	Prion strain typing (includes PrP ^{Sc} glycotyping and c129 genotyping)	Fee: \$500
<input type="checkbox"/>	DNA extraction & prion strain typing	Fee: \$600
<input type="checkbox"/>	vCJD testing from tissue biopsy	Fee: \$600
TOTAL COST		