

## National Dementia Diagnostics Laboratory (NDDL) Cerebrospinal Fluid (CSF) Specimen Data Sheet Alzheimer's Disease Biomarker Testing



Accredited for compliance with NPAAC Standards and ISO 15189 NATA Accreditation Number 19256

# This form must accompany CSF specimens referred for AD testing

REFERRING LABORATORY DETAILS							
Laborato	ry/Hospital:						
Contact N	Name & ema	ail:					
Phone: ( )		( )	Email	(or Fax) for reports:			
Street Address:		_\ /		·			
City/Suburb:				State:	Postcode:		
Billing  Details:  ☐ As Above —		<b>ove</b> – Email address for	r invoicing:				
		<b>e Patient</b> – Patient con	ent – Patient consent must be provided for invoicing (either on this form or on Doctor's request slip)				
			npany/Name:			,	
		Con	Contact email/Address:				
CSF SPECIMEN DETAILS							
Specimo	en Lab No	:					
CSF Col	lection Da	te:					
Requested Test/s:							
☐ Alzheimer's Disease (AD) Testing ☐ Neurofilament light (NfL)							
Aβ1-42*, T-tau, P-tau							
*CSF must be collected directly into the low binding tube, see page 2 instructions							
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FRM-AD-001

Date Effective: 13/05/2025

Date Reviewed: 13/05/2025

PLEASE SEE OVERLEAF: Full NDDL contact details and important information for CSF referrals on Page 2

Prepared by: SS, QX Authorised by: S. Collins Version: 002

### NDDL CSF Specimen Data Sheet (Page 2 of 2)

#### NDDL CSF Collection Protocol for AD Test only

LP collected **via gravity drip,** no aspiration or intervening tubing. Collect first 1-2ml CSF in standard collection tube (TUBE 1). **TUBE 1:** to be sent to your pathology provider for routine Micro/Biochem.



TUBE 2: Collect 2.5ml of clear, non-haemolysed CSF into 1 blue capped PP tube

(2.5ml Sarstedt low-bind / false-bottom tube 63.614.625). Excess volume to go into additional tube/s.



No further sample processing is required, do not transfer CSF to any other tube/s. Store specimens in the fridge. **DO NOT FREEZE.** 

Send Tube 2 to NDDL within one week of collection.

#### **CHECKLIST PRIOR TO SENDING CSF SPECIMEN**

1

- ☐ Specimen is double bagged and packed securely (tube intact and firmly sealed).
- ☐ Copy of original doctor's request slip is provided with specimen.
- □ NDDL CSF Specimen Data Sheet (this form) completed and attached to the test request documents.
- ☐ Specimen is correctly addressed to NDDL (as on page 1).
- $\square$  The NDDL (AD, NfL testing) have been advised of the incoming specimen (contact details below).

#### **Costs for Diagnostic Testing**

AD Test: All Referrals: \$400

Non MBS Rebatable

NfL: All Referrals: \$200

#### National Dementia Diagnostics Laboratory Enquiries / Contact Details

#### **AD and NfL Enquiries**

Email: <u>enquiries-nddl@unimelb.edu.au</u> OR <u>enquiries-nddl@florey.edu.au</u>

Web: <a href="https://florey.edu.au/science-research/scientific-services-facilities/national-dementia-diagnostics-laboratory">https://florey.edu.au/science-research/scientific-services-facilities/national-dementia-diagnostics-laboratory</a>

Version: 002