

CSF 14-3-3 Protein TEST

Specimen Data Sheet

(This form to accompany CSF specimen)



THE UNIVERSITY OF
MELBOURNE
DEPT OF
PATHOLOGY

Specimen Lab No:

(This form to accompany CSF sample)

Drawing/Sending Laboratory Details

Contact Name:.....

Phone: ()..... 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 < 500 x 10⁶/L
 - CSF must be clear and colourless
 - WBC must be <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
- Ensure specimen is correctly addressed to:

The Australian National CJD Registry
 Dept. of Pathology, Faculty of Medicine
 Level 5, the Medical Building
 Corner of Grattan Street & Royal Parade
 THE UNIVERSITY OF MELBOURNE 3010
 VICTORIA, AUSTRALIA

Biochemistry	Microbiology
• Protein: _____ g/L	• Red Cell Count: _____ x10 ⁶ /L
• Glucose: _____ mmol/L	• White Cell Count: _____ x10 ⁶ /L