

FORM FOR REPORTING CASES AND SUSPECT CASES OF CJD, INCLUDING POSSIBLE, PROBABLE AND CONFIRMED CASES, TO THE LOCAL CCDC

IN CONFIDENCE

Name of **reporting doctor** _____

Contact details of reporting doctor _____

Telephone _____

Name and details of **CCDC** (or deputy) case reported to _____

Name of patient _____

Date of birth _____

NCJDSU unique patient **number** _____

Current or last **address** of patient _____

Name & details of **GP** of patient _____

Hospitals (or other locations) in which invasive procedures carried out: _____

Names of other **key health professionals** involved in the patient's care: _____

The above named patient has been **diagnosed** with:
(please tick)

- Possible CJD
- Probable CJD
- Definite CJD
- Other*

, please give details:-

The **type** of **CJD** is thought to be
(please tick)

- Sporadic CJD
- Variant CJD
- Iatrogenic CJD
- Familial CJD or GSS

The patient has been brought to the attention of the **NCJDSU**

Yes No

The patient has been brought to the attention of the **NPC**

Yes No

Signature of reporting doctor: _____

Date of report: _____

* some cases, especially early in the course of the disease may not reach the diagnostic criteria of possible CJD, but may still be suspected as cases of CJD.