



# Creutzfeldt-Jakob Disease Case Report Form

Texas Department of State Health Services  
 Infectious Disease Control Unit  
 1100 W. 49<sup>th</sup> St., Austin, Texas 78756  
 phone: (512) 458-7676 fax: (512) 458-7616

Please contact Karen Moody, CJD Surveillance Coordinator, immediately for case investigation coordination  
 Phone: (512) 458-7676 E-mail: karen.moody@dshs.state.tx.us

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Name: \_\_\_\_\_  
 Last First MI  
 Address: \_\_\_\_\_  
 Street City  
 \_\_\_\_\_  
 County State Zip Code (\_\_\_\_) \_\_\_\_\_  
 Phone #  
 DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_ Occupation: \_\_\_\_\_

Race\*: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ H=Hispanic or Latino; N=not Hispanic or Latino; U=Unknown  
 \*W=White; B=Black/African American; N=American Indian/Alaska Native; P=Native Hawaiian/Pacific Islander; A=Asian; O=Other; U=Unknown

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Contact information for closest relative:  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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Hospitals and other Health Care Facilities:  
 Hospital  Nursing Home  Hospice  Other: \_\_\_\_\_  
 Name and location of care facility: \_\_\_\_\_  
 Date of admission: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of discharge: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Primary Care Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Neurologist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Hospital  Nursing Home  Hospice  Other: \_\_\_\_\_  
 Name and location of care facility: \_\_\_\_\_  
 Date of admission: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of discharge: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Primary Care Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Neurologist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Hospital  Nursing Home  Hospice  Other: \_\_\_\_\_  
 Name and location of care facility: \_\_\_\_\_  
 Date of admission: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of discharge: \_\_\_\_/\_\_\_\_/\_\_\_\_  
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 Neurologist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_



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<b>S T U D I E S</b>	<p>Is patient still living: <input type="checkbox"/> Yes <input type="checkbox"/> No      If no date of death: ____/____/____</p> <p><b>Symptoms (Check all that apply):</b></p> <p><input type="checkbox"/> Rapidly progressive dementia   <input type="checkbox"/> Visual Disturbance   <input type="checkbox"/> Myoclonus   <input type="checkbox"/> Ataxia   <input type="checkbox"/> Cerebellar Disturbance</p> <p><input type="checkbox"/> Akinetic Mutism   <input type="checkbox"/> Other (specify) _____</p>
<b>A U T O P S Y</b>	<p><b>Clinical Studies:</b></p> <p>CSF 14-3-3 protein*: <input type="checkbox"/> Elevated   <input type="checkbox"/> Not Elevated      Date of collection: ____/____/____        *Test available at the National Prion Disease Pathology Surveillance Center <a href="http://www.cjdsurveillance.com">http://www.cjdsurveillance.com</a></p> <p>EEG: Findings: _____ Date: ____/____/____</p> <p>MRI: Findings: _____ Date: ____/____/____</p> <p>Other (specify): _____ Date of collection: ____/____/____</p>
<b>C O M M E N T S</b>	<p>Autopsy* performed: <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><u>Results of autopsy</u></p> <p>Western Blot: <input type="checkbox"/> Abnormal Prion Protein present   <input type="checkbox"/> Abnormal Prion Protein not present</p> <p>Immunohistochemistry: <input type="checkbox"/> Positive   <input type="checkbox"/> Negative</p> <p>Type of CJD: <input type="checkbox"/> Sporadic   <input type="checkbox"/> Variant   <input type="checkbox"/> Familial   <input type="checkbox"/> Iatrogenic      Classification: _____</p> <p>*Note: neuropathological examination of brain tissue is the only way to confirm Creutzfeldt Jakob Disease. Autopsy arrangement is provided free of charge to the family by the National Prion Disease Pathology Surveillance Center in Cleveland, Ohio</p> <p><a href="http://www.cjdsurveillance.com">http://www.cjdsurveillance.com</a></p>
<b>C O M M E N T S</b>	<p>Reported by: _____ Phone: (____) _____ Date Reported: ____/____/____</p> <p>Investigated by: _____ Investigation Start Date: ____/____/____</p> <p>Agency: _____ Phone: (____) _____</p>