MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF COMMUNICABLE DISEASE CONTROL

CREUTZFELDT-JAKOB DISEASE CASE REPORT

PO BOX 570
930 WILDWOOD
JEFFERSON CITY, MO 65102

PATIENT INFORMATION

LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

DOB (MM/DD/YYYY) | AGE ☐ Years ☐ Months ☐ Days

ADDRESS NUMBER AND STREET - RESIDENCE | APARTMENT/UNIT NUMBER

CITY/TOWN | STATE | ZIP CODE

CENSUS TRACT | COUNTY OF RESIDENCE | COUNTRY OF RESIDENCE

COUNTRY OF BIRTH | IF NOT U.S. BORN - DATE OF ARRIVAL IN U.S. (MM/DD/YYYY)

HOME TELEPHONE | CELLULAR PHONE/PAGER | WORK/SCHOOL TELEPHONE

E-MAIL ADDRESS | OTHER ELECTRONIC CONTACT INFORMATION

WORK/SCHOOL LOCATION | WORK/SCHOOL CONTACT

GENDER
☐ Male ☐ Female ☐ Other:

PREGNANT?
☐ Yes ☐ No ☐ Unknown

IF YES, ESTIMATED DELIVERY DATE (MM/DD/YYYY)

MEDICAL RECORD NUMBER | PATIENT'S PARENT/GUARDIAN NAME

OCCUPATION SETTING (SEE LIST ON ATTACHMENT A) | OTHER DESCRIBE/SPECIFY

OCCUPATION (SEE LIST ON ATTACHMENT A) | OTHER DESCRIBE/SPECIFY

PRIMARY LANGUAGE
☐ English ☐ Spanish
☐ Other:

ETHNICITY (CHECK ONE)
☐ Hispanic/Latino
☐ Non-hispanic/Non-Latino
☐ Unknown

RACE* (CHECK ALL THAT APPLY, RACE DESCRIPTIONS ON PAGE 5 - Attachment A).
☐ African-American/Black
☐ American Indian or Alaska Native
☐ Asian (check all that apply)
- ☐ Asian Indian
- ☐ Cambodian
- ☐ Chinese
- ☐ Filipino
- ☐ Hmong
- ☐ Japanese
- ☐ Korean
- ☐ Loatian
- ☐ Thai
- ☐ Vietnamese
- ☐ Other:

☐ Pacific Islander (check all that apply)
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Guamanian
- ☐ Other:

☐ White
☐ Other:
☐ Unknown

*Comment self-identity or self-reporting

The response to this item should be based on the patient's self-identity or self-reporting. Therefore, patients should be offered the option of selecting more than one racial designation.

CLINICAL INFORMATION

PHYSICIAN NAME - LAST NAME, FIRST NAME | TELEPHONE NUMBER

RESIDENCE INFORMATION

PATIENT'S RESIDENCE AT TIME OF DIAGNOSIS | CITY | STATE | STATE IN WHICH PATIENT IS RECEIVING CARE

WHERE IS PATIENT CURRENTLY LOCATED (E.G., FACILITY NAME, FAMILY MEMBER LIVING WITH, ETC.) | KNOWN DATE AT THIS LOCATION (MM/DD/YYYY)

DIAGNOSIS INFORMATION

ONSET DATE (MM/DD/YYYY) | DATE OF CJD DIAGNOSIS (MM/DD/YYYY)

NAME OF HOSPITAL WHERE CJD DIAGNOSIS WAS MADE | LOCATION

DIAGNOSING PHYSICIAN'S NAME | TELEPHONE NUMBER

WAS THE PATIENT SEEN BY A NEUROLOGIST?
☐ Yes ☐ No ☐ Unknown

IF YES, WAS DIAGNOSIS OF CJD MADE BY NEUROLOGIST?
☐ Yes ☐ No ☐ Unknown

IF YES, NEUROLOGIST'S NAME | ADDRESS | TELEPHONE NUMBER

IF NO, SPECIALTY OF DIAGNOSING PHYSICIAN

HOSPITALIZATION

WAS PATIENT HOSPITALIZED?
☐ Yes ☐ No ☐ Unknown

If there were any ER or hospital stays related to this illness, specify details in Hospitalization-Details section on the next page.

FIRST THREE LETTERS OF PATIENT'S LAST NAME: | | | |

CREUTZFELDT-JAKOB DISEASE CASE REPORT

HOSPITALIZATION - DETAILS

HOSPITAL NAME 1

STREET ADDRESS	CITY	STATE	ZIP CODE

ADMISSION DATE (MM/DD/YYYY)	DISCHARGE/TRANSFER DATE (MM/DD/YYYY)
MEDICAL RECORD NUMBER	DISCHARGE DIAGNOSIS

HOSPITAL NAME 2

STREET ADDRESS	CITY	STATE	ZIP CODE

ADMISSION DATE (MM/DD/YYYY)	DISCHARGE/TRANSFER DATE (MM/DD/YYYY)
MEDICAL RECORD NUMBER	DISCHARGE DIAGNOSIS

OUTCOME

OUTCOME?	IF SURVIVED, SURVIVED AS OF (MM/DD/YYYY)	DATE OF DEATH (MM/DD/YYYY)
☐ Survived ☐ Died ☐ Unknown		

IF DIED, IS CJD LISTED AS A CAUSE OF DEATH ON THE DEATH CERTIFICATE?	IF NOT, WHAT WAS THE CAUSE OF DEATH?
☐ Yes ☐ No ☐ Unknown	

LABORATORY INFORMATION

LABORATORY RESULTS SUMMARY

EEG PERFORMED?
☐ Yes ☐ No ☐ Unknown

IF YES, SPECIFY RESULTS

MRI PERFORMED?
☐ Yes ☐ No ☐ Unknown

IF YES, SPECIFY RESULTS

CSF TESTS?
☐ Yes ☐ No ☐ Unknown If yes, specify below.

CSF LAB REPORT #1 DATE (MM/DD/YYYY)	WAS BLOOD FOUND IN THE SAMPLE?	CSF LAB REPORT #2 DATE (MM/DD/YYYY)	WAS BLOOD FOUND IN THE SAMPLE?
	☐ Yes ☐ No ☐ Unknown		☐ Yes ☐ No ☐ Unknown

CSF RESULTS #1	CSF RESULTS #2
14-3-3 protein: ☐ Positive ☐ Negative ☐ Ambiguous	14-3-3 protein: ☐ Positive ☐ Negative ☐ Ambiguous
Tau protein: ☐ Positive ☐ Negative	Tau protein: ☐ Positive ☐ Negative

CSF SPECIMENS SENT TO THE NATIONAL PRION DISEASE PATHOLOGY SURVEILLANCE CENTER (NPDPSC)?	IF NO, WHICH LABORATORY?
☐ Yes ☐ No ☐ Unknown	

BRAIN BIOPSY PERFORMED?
☐ Yes ☐ No ☐ Unknown If yes, specify below.

HOSPITAL WHERE BIOPSY PERFORMED?	DATE OF BIOPSY (MM/DD/YYYY)

SPECIMENS SENT TO NPDPSC?	WESTERN BLOT	IMMUNOHISTOCHEMISTRY
☐ Yes ☐ No ☐ Unknown	☐ Abnormal prion protein present ☐ Abnormal prion protein NOT present	☐ Positive ☐ Negative

AUTOPSY PERFORMED?
☐ Yes ☐ No ☐ Unknown If yes, specify below.

HOSPITAL WHERE AUTOPSY PERFORMED?	DATE OF AUTOPSY (MM/DD/YYYY)

AUTOPSY PHYSICIAN NAME

SPECIMENS SENT TO NPDPSC?	WESTERN BLOT	IMMUNOHISTOCHEMISTRY
☐ Yes ☐ No ☐ Unknown	☐ Abnormal prion protein present ☐ Abnormal prion protein NOT present	☐ Positive ☐ Negative

OTHER TESTS

FIRST THREE LETTERS OF PATIENT'S LAST NAME: | | | |

CREUTZFELDT-JAKOB DISEASE CASE REPORT

PROCEDURE	YES	NO	UNK	IF YES, SPECIFY AS NOTED	HOSPITAL/LOCATION
Brain Surgery				YEAR(S) OF EACH	
Spinal Surgery				YEAR(S) OF EACH	
Eye Surgery				YEAR(S) OF EACH	
Receive dura mater allograft				YEAR(S) OF EACH	
Receive corneal allograft				YEAR(S) OF EACH	
Receive human derived pituitary growth hormone				YEAR(S) OF EACH	
DONATE blood				DATE(S) (MM/DD/YYYY)	
DONATE cells/tissues/organs				DATE(S) (MM/DD/YYYY)	

Other (specify)

TRAVEL HISTORY

DID PATIENT LIVE OR TRAVEL OUTSIDE OF THE U.S. (INCLUDING MILITARY SERVICE0 BETWEEN 1980-1996?

☐ Yes ☐ No ☐ Unknown If yes, specify all locations and dates below.

TRAVEL HISTORY - DETAILS

LOCATION (CITY, COUNTY, STATE, COUNTRY)	DATE TRAVEL STARTED (MM/DD/YYYY)	DATE TRAVEL ENDED (MM/DD/YYYY)

NOTES/REMARKS/OTHER SIGNIFICANT ILLNESSES

REPORTING AGENCY

INVESTIGATOR NAME	AGENCY NAME	TELEPHONE NUMBER	DATE (MM/DD/YYYY)

FIRST REPORTED BY

☐ Clinician ☐ Laboratory ☐ Other (specify):

EPIDEMIOLOGICAL LINKAGE

EPI-LINKED TO KNOWN CASE?	CONTACT NAME/CASE NUMBER
☐ Yes ☐ No ☐ Unknown	

FIRST THREE LETTERS OF PATIENT'S LAST NAME: | | | |

CREUTZFELDT-JAKOB DISEASE CASE REPORT

DISEASE CASE CLASSIFICATION

DISEASE TYPE

☐ Sporadic CJD ☐ Latrogenic CJD ☐ Variant CJD
☐ Familial Prion Disease (specify):
☐ Other Prion Disease (specify):

SUPPORTING DOCUMENTATION

DOCUMENTATION SHOULD BE ATTACHED - CHECK ALL THAT APPLY

☐ Hospital discharge summary ☐ MRI report ☐ CSF test results ☐ Brian biopsy report
☐ Autopsy report ☐ Neurologist report/notes ☐ EEG report ☐ Death Certificate

STATE USE ONLY

STATE CASE CLASSIFICATION

☐ Confirmed ☐ Probable ☐ Suspect ☐ Physician diagnosed ☐ Not a case ☐ Insufficient information

ADDITIONAL COMMENTS/INFORMATION

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF COMMUNICABLE DISEASE CONTROL

CREUTZFELDT-JAKOB DISEASE CASE REPORT - ATTACHMENT A
RESPONSES FOR OCCUPATION SETTING AND OCCUPATION

OCCUPATION SETTING

- Childcare/Preschool
- Correctional Facility
- Drug Treatment Center
- Food Service
- Health Care - Acute Care Facility
- Health Care - Long Term Care Facility
- Health Care - Other
- Homeless Shelter
- Laboratory
- Military Facility
- Other Residential Facility
- Place of Worship
- School
- Other

OCCUPATION

- Adult film actor/actress
- Agriculture - farmworker or laborer (crop, nursery, or greenhouse)
- Agriculture - field worker
- Agriculture - migratory/seasonal
- Agriculture - other/unknown
- Animal - animal control worker
- Animal - farm worker or laborer (farm or ranch animals)
- Animal - veterinarian or other animal health practitioner
- Animal - other/unknown
- Clerical, office, or sales worker
- Correctional facility - employee
- Correctional facility - inmate
- Craftsman, foreman, or operative
- Daycare or child care attendee
- Daycare or child care worker
- Dentist or other dental health worker
- Drug dealer
- Fire fighting or prevention worker
- Flight attendant
- Food service - cook or food preparation worker
- Food service - host or hostess
- Food service - server
- Food service - other/unknown
- Homemaker
- Laboratory technologist or technician
- Laborer - private household or unskilled worker
- Manager, official, or proprietor
- Manicurist or pedicure
- Medical - emergency medical technician or paramedic
- Medical - health care worker
- Medical - medical assistant
- Medical - pharmacist
- Medical - physician assistant or nurse practitioner
- Medical - physician or surgeon
- Medical - nurse
- Medical - other/unknown
- Military
- Police Officer
- Professional, technical, or related profession
- Retired
- Sex worker
- Stay at home parent/guardian
- Student - preschool or kindergarten
- Student - elementary or middle school
- Student - high school
- Student - college or university
- Student - other/unknown
- Teacher/employee - preschool or kindergarten
- Teacher/employee - elementary or middle school
- Teacher/employee - high school
- Teacher/instructor/employee - college or university
- Teacher/instructor/employee - other/unknown
- Unemployed - seeking employment
- Unemployed - not seeking employment
- Unemployed - other/unknown
- Volunteer
- Other
- Refused
- Unknown