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Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ Male Female Married: Yes No

Residence (City, State): \_\_\_\_\_

**&**

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1. Symptoms concerning for Prion Disease (*Ma a a a*):

DEMENTIA Onset:	ATAXIA Onset:	MYOCLONUS Onset:	VISUAL CHANGES Onset:
EXTRAPYRAMIDAL Onset:	PYRAMIDAL Onset:	PSYCHIATRIC Onset:	OTHER: Onset:



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\*I hereby request and authorize to release the body of \_\_\_\_\_ ( )  
to the funeral home listed below or its representatives for the purpose of a limited brain-only autopsy as  
arranged for by the NPDPS.

\*I also certify that I have the right to issue this authorization, and in so doing, I hereby release the NPDPS,  
Ecug" Y guvgtp" Tgugtxg" Wpkxgtukv{. "kvuø" qhhkegtu" cpf" tgrtgugpvcvkxgu" htq o "cp{ "nkcdknkvkgu" y jkej" o ki jv" dg" kpewttgf"

**National Prion Disease Pathology Surveillance Center  
Autopsy Q & A**

**Are we required to have an autopsy conducted in cases of suspected CJD?**

Currently, we are not aware of any state that requires autopsy in cases of suspected CJD.

However, several states requi

Some hospitals will provide autopsy services for