

CJD Questionnaire for Pre Endoscopy & Surgery Patients

To be completed by Consultant / SpR / RMO / Anaesthetist when the request for endoscopy is made

Hospital Number :

Surname : First name :

Ward / Department : Consultant :

Contact Number for Doctor :

① Does your patient have progressive neurological disease of unproven aetiology? Yes NO

Known or Suspect patients

② Has your patient ever been diagnosed with CJD or a related disorder*? Yes NO

③ Is your patient suspected of having CJD or a related disorder* i.e. whose clinical symptoms are suggestive of CJD but where the diagnosis has not yet been confirmed? Yes NO

At risk patients

④ Has your patient been a recipient of hormone derived from human pituitary glands, e.g. growth hormone, gonadotrophin? Yes NO

⑤ Has your patient been a recipient of human dura mater grafts? Yes NO

⑥ Does your patient have a close blood line relative i.e. parents, brothers, sisters, children, grandparents or grandchildren who has a history of sporadic CJD (not vCJD), or a related disorder? Yes NO

* The Human Transmissible Spongiform Encephalopathies are CJD, vCJD, GSS, FFI and kuru

Signature of Consultant or SPR: Date:

Print Name :

If the answer to any of the questions above is "Yes" - DO NOT PROCEED - please contact the Infection Control Team and discuss with the Gastroenterologist.

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