FORM 3: INCIDENT REPORT

This form collects information for national monitoring of CJD surgical incidents.

Instructions

1. Record the details for the index patient and incident on the form below
2. Retain form as part of the incident record
3. Return a copy of this form to CJD section at either:

PHE for incidents occurring in England, Wales or Northern Ireland

a) Secure email – cjd@phe.gov.uk
b) Secure fax - 020 8327 6230
c) Post – CJD Section, Public Health England, 61 Colindale Avenue, London NW9 5EQ

HPS for incidents occurring in Scotland by either:

a) Secure email – NSS.HPSInfectionControl@nhs.net
b) Post - CJD, Health Protection Scotland, Health Services Scotland, 3rd Floor, Meridian Court, 5 Cadogan Street, Glasgow G2 6QE

Index patient details

Local ref	NCJDRSU ref (assigned by NCJDRSU)	PHE ref (assigned by PHE)
CJD status		Other diagnostic details:
CJD type		

Onset of symptoms (date)		Date of birth		Date of death (if applicable)	

Procedures & instruments

Lookback period	
Procedure(s) on high infectivity tissues identified?	
Procedure(s) on medium infectivity tissues identified?	

Procedures identified involving high/medium infectivity tissues – name, date, specialty and tissue resulting in risk

HIGH	MEDIUM

Instruments – high – current location	
Instruments – medium – current location	

Exposed patients & public health actions

Number of patients identified as at an increased risk		
Notification status patients at increased risk	Notified (inc. by proxy)	
	Local decision not to notify	
	Patient deceased	
	Patient could not be traced	

Incident management lead details

Name		Job title	
Place of work		Address	
Email			
Telephone		Date completed	

Field descriptions

Section	Field	Description (Response format)
Case details	Incident reference	A locally assigned incident reference for identification purposes (free text)
	NCJDRSU reference	A case identification number assigned to symptomatic patients whose diagnosis has been confirmed by the NCJDRSU (free text)
	PHE reference	A incident identification reference assigned by PHE after the form is returned (free text)
	CJD status	The CJD status of the index patient is the classification of their diagnosis for symptomatic patients and their exposure to a risk of CJD for asymptomatic patients. Groups of patients at increased risk are described in more detail in table B of the guidance document "Public health action following a report of a new case of CJD or a person at increased risk of CJD". (Either: Symptomatic – definite Symptomatic – probable Symptomatic – possible Symptomatic – suspected Or: Asymptomatic – genetic/inherited prion disease (see table B for definition) Asymptomatic – human growth hormone (see table B for definition) Asymptomatic – gonadotropin (see table B for definition) Asymptomatic – dura mater graft (see table B for definition) Asymptomatic – intradural surgery (see table B for definition) Asymptomatic – blood recipient (see table B for definition) Asymptomatic – blood donor (see table B for definition) Asymptomatic – other blood recipient (see table B for definition) Asymptomatic – plasma products (see table B for definition) Asymptomatic – highly transfused (see table B for definition) Asymptomatic – surgical (see table B for definition) Asymptomatic – other exposure (please specify)) (see table B for definition)
	CJD type	The type of CJD that the index patient has or is at increased risk of (sporadic, genetic, variant, iatrogenic, variant (iatrogenically acquired))
	Other diagnostic details	Record any other diagnostic details that are relevant to the incident risk assessment and outcome (free text)
	Onset of symptoms (date)	The date of the onset of symptoms (DD/MM/YYYY)
	Date of birth	The date of birth of the index patient (DD/MM/YYYY)
	Date of death	The date of death of the index patient (where applicable) (DD/MM/YYYY)
Procedures and instruments	Lookback period	The agreed procedure lookback period. This is dependent on the CJD status of the index patient. (free text) (DD/MM/YYYY)
	Procedure(s) on high infectivity tissues identified?	Did the procedure lookback identify any procedures involving tissues of high infectivity for CJD? (yes/no)
	Procedure(s) on medium infectivity tissues identified?	Did the procedure lookback identify any procedures involving tissues of medium infectivity for CJD? (yes/no)

	Procedures identified involving high/medium infectivity tissues	Record name, date, specialty and tissue resulting in risk for each procedure involved in the incident. HIGH (free text) MEDIUM (free text)
	Instruments – high – current location	The current location of the instrument/tray (in use, in quarantine, destroyed, other – please specify)
	Instruments – medium – current location	The current location of the instrument/tray (in use, in quarantine, destroyed, other – please specify)
Exposed patients & public health actions	Number of patients identified as at an increased risk	The number of people identified as at increased risk of CJD due to this incident. (free text)
	Notified	The number of people identified as at increased risk of CJD who were traced and notified (including those who were notified indirectly, for example, if a relative was notified on their behalf due to personal circumstances). (free text)
	Local decision not to notify	The number of people identified as at increased risk of CJD who were traced and a local decision was taken that it would be inappropriate to notify them. (free text)
	Patient deceased	The number of people identified as at increased risk of CJD who were traced and found to be deceased. (free text)
	Patient could not be traced	The number of people identified as at increased risk of CJD who could not be traced and therefore have not been notified. (free text)
Incident management lead details	Name	The incident lead who will be the first point of contact for any follow up on the incident. (free text)
	Place of work	Place of work (free text)
	Job title	Job title (free text)
	Address	Work address (free text)
	Email	Work email address (free text)
	Telephone	Work telephone number (free text)
	Date completed	The date the form was completed (DD/MM/YYYY)