

FORM 4: ENHANCED SURVEILLANCE INDIVIDUALS AT INCREASED RISK OF CJD

This form collects information for national public health surveillance of individuals exposed to a risk of CJD through surgical incidents.

Instructions

1. Complete one form for each patient identified as at increased risk of CJD
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

PHE incident reference
(assigned by PHE)

PHE patient reference
(assigned by PHE)

Patient details

Forename(s)	Patient address
Surname(s)	
NHS / CHI number	
Gender	Exposure date
Date of birth	Incident reference
Date of death (<i>if applicable</i>) Cause of death (<i>if applicable</i>)	Patient reference

Notification

Has the patient been notified of their increased risk of CJD?

If yes :	Date notified
	Notified by
	GP informed?
If no please indicate the reason:	Patient is deceased
	Patient notified by proxy
	Patient could not be traced
	Local decision not to notify
	If yes , please detail the justifications

Further details (if required)

GP details

GP name	Address
GP practice	
Telephone	

Form completed by

Name	Place of work
Job title	Work address
Email	
Telephone	
Date completed	

Field descriptions

Section	Field	Description (Response format)
PHE references	PHE incident reference	A incident identification reference assigned by PHE after the form is returned
	PHE patient reference	A unique patient reference assigned by PHE after the form is returned
Patient details	Forename(s)	The forename(s) of the patient (free text)
	Surname(s)	The surname(s) of the patient (free text)
	NHS / CHI number	The NHS/CHI number of the patient (free text)
	Gender	The gender of the patient (male/female)
	Date of birth	The date of birth of the patient (DD/MM/YYYY)
	Date of death	The date of death of the patient (where applicable) (DD/MM/YYYY)
	Cause of death	The cause of death of the patient if known (where applicable) (free text)
	Patient address	The home address of the patient. Required for long term follow up through enhanced surveillance systems and for GP tracking. (free text)
	Exposure date	The date the patient was exposed a risk of CJD (DD/MM/YYYY)
	Incident reference	A locally assigned incident reference for identification purposes (free text)
	Patient reference	A locally assigned unique patient reference for identification purposes (free text)
Notification	Has the patient been notified of their increased risk of CJD?	Has the patient been notified of their increased risk of CJD? (Yes/No)
	Date notified	The date the patient was notified (DD/MM/YYYY)
	Notified by	The name of the person who notified the patient (free text)
	GP informed?	Has the GP been informed that the patient is at increased risk of CJD (including the required actions)? (Yes/No) The Date the GP was informed and advised of the actions required (DD/MM/YYYY)
	Patient is deceased	The patient was not notified because they have died since their exposure (Yes/No)
	Patient notified by proxy	The patient was not notified directly but a relative was notified on their behalf due to personal circumstances (Yes/No)
	Patient could not be traced	The patient was not notified because they could not be traced (Yes/No)
	Local decision not to notify If yes, please detail the justifications	The patient was not notified as a local decision was taken that it would be not be appropriate given the patient's personal circumstances. If yes, please provide details on these circumstances and how the decision was made (Yes/No)
	Further details	Any further details relevant in the notification of this patient. For example, please record if the patient was notified indirectly , if a relative was notified on their behalf due to personal circumstances (free text)

GP details	GP name	Name of the patient's GP (free text)
	GP practice	GP practice name (and branch where relevant) (free text)
	Telephone	Telephone number of the GP practice (free text)
	Address	Address of the GP practice (free text)
Form completed by	Name	Name of the individual who completed the form/coordinated completion of the form (free text)
	Job title	Job title (free text)
	Email	Work email address (free text)
	Telephone	Work telephone number (free text)
	Place of work	The date the form was completed (free text)
	Date completed	The date the form was completed (DD/MM/YYYY)
	Work address	Work address (free text)