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| Application for typing of amyloidosis  |
| Date: YYYY / MM / DD | Applicant doctor’s name:  |
| ContactInformation | Postal add:  |
| Institution: Department　　　　　　　　　Hospital　　　　　　　 |
| E-mail:  |
| Notes:  |
| Patient’s information  |
| Name:  | Date of birth: YYYY / MM / DD  |
| Age:  | Sex: M / F  |
| Clinical diagnosis:  |
| Chief complaint:  | Family history: Yes / No / Unknown  |
| Organs with symptoms: peripheral nerves/ autonomic nerve system/ heart/ kidney/ gastrointestinal tract/ eye/ other (specify)  |
| Amyloid deposition: Yes / No / UnknownDetected organs (specify)  |
| Initial manifestation:  | Time of onset:  |
| Medical history:  |
| Test results  |
| M protein:  |
| Free light chain (FLC): κ mg/L; λ mg/L; Ratio of κ/λ  |
| Urine Bence Jones protein:  | Serum amyloid A：　　　μg/ml |
| Applying diagnosis |
| * ATTR-Familial amyloid polyneuropathy (Hereditary ATTR amyloidosis)

Set of transthyretin’s mass spectrometry (serum)＋genetic testing (blood) Send us both serum (approx 5 ml, centrifugated and frozen) and blood (approx 5 ml, whole blood, chilled, in EDTA blood-collection tubes)  |
| * Immunohistochemical straining

　ATTR（Familial amyloid polyneuropathy, Senile systemic amyloidosis）　AL（Immunoglobulin amyloidosis: κ, λ）, AA（reactivity / secondary amyloidosis）　Aβ2M（dialysis amyloidosis）to be examined. ※ Send us 20 unstained slides ※ Send us a copy of the pathology report  |
| Kumamoto University Hospital Amyloidosis Medical Practice Center |