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| Application for typing of amyloidosis | | | |
| Date: YYYY / MM / DD | | Applicant doctor’s name: | |
| Contact  Information | 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 / Unknown  Detected 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 | | | |