

INFORMATION SHEET TO BE COMPLETED WHEN REQUESTING  
DIAGNOSTIC TESTING FOR CADASIL DIAGNOSIS

**(Enclose a detailed hospital chart)**

Patient's first name

last name:

Maiden name:

Date of birth:

Age:

- ❖ **Clinical symptoms:** Enclose a hospitalisation and/or consultation report
  
- ❖ **MRI:** A copy of the MRI T1, T2, gradient echo and Flair scans must be provided, on either CD-Rom or conventional film.
  
- ❖ **Family tree** with indication of the first and last names of patients including maiden and married names. This can considerably accelerate reporting on an examination of patients belonging to a family already known to our laboratory.