

Requisition for General Immunology and Neuroimmunology Testing

REFERRING PHYSICIAN Authorized Signature is Required

Clinic/Hospital:

Physician Name (Print):

Signature:

Email:

Address:

Telephone:

Fax:

PATIENT INFORMATION

Medical Record No.:

Health Card No.:

Last Name:

First Name:

Date of Birth:

YYYY/MM/DD

Sex: M F Other

COLLECTION INFORMATION

Date drawn (YYYY/MM/DD):

Time drawn (00:00hr):

Collected by:

Lab Reference Specimen No.:

KNOWN OR SUSPECTED DIAGNOSIS

SPECIMEN TYPE

Serum

CSF

Other (Please specify):

GENERAL IMMUNOLOGY TESTING

Anti-Nuclear Antibodies (ANA) *IIFA*

For certain patterns immunoblot follow up with either Chromosome profile, and/or ENA profile for titres $\geq 1:160$

Autoimmune Liver Disease Profile (AILDP) *IIFA*

AMA, ASMA, LKM, ANA

For certain patterns, immunoblot(s) follow up with Chromosome profile, and/or ENA profile for titres $\geq 1:160$ and/or Liver profile for titres $\geq 1:80$

Chromosome Profile (ANACP) *Immunoblot*

Anti-dsDNA, Nucleosomes, Histones, DFS70, Scl-70, CENP A, CENP B

ENA Profile (ANAEPP) *Immunoblot*

Anti-nRNP/Sm, Sm, SS-A, SS-B, Ro-52, Scl-70, Jo-1

Liver Profile (ANALP) *Immunoblot*

Anti-M2, M2-3E, Sp100, PML, gp210, LKM-1, LC-1, SLA/LP, Ro-52

Systemic Sclerosis Profile (.ANANP) *Immunoblot*

Anti-Scl 70, CENP A, CENP B, RP11, RP 155, Fibrillar, NOR90, Th/To, PM-Scl75, PM-Scl 100, Ku, PDGFR, Ro-52

Galactomannan Aspergillus Antigen *ELISA*

Galactomannan Aspergillus Antigen Serum (GALACTOM)

Galactomannan Aspergillus Antigen BAL Fluid (GALACTOMF)

Vasculitis

ANCA (anti-MPO/PR3) (ANCA) *ELISA*Anti-GBM (AGBM) *ELISA*Anti-Cyclic Citrullinated Peptide (ACCP) *ELISA*Anti-dsDNA by dsDNA-NcX Elisa (DNA) *ELISA*Anti-Tissue Transglutaminase, IgA (TTGAB)* *Chemiluminescence*Immune Complexes (CIC) *ELISA*C1 Inhibitor Protein (C1IN) *Turbidimetry*CH50 (TCOMP)* *Turbidimetry*IgG Subclasses (IGGSUB) IgG1, IgG2 IgG3, IgG4 *Turbidimetry*Serum Free Light Chains (FLC) *Turbidimetry*

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NEUROIMMUNOLOGY AND NEURODIAGNOSTIC TESTING

Comprehensive Autoimmune Encephalitis Panel
(Recommended test for suspected autoimmune encephalitis; includes autoimmune encephalitis antibody, paraneoplastic antibody, GAD65 antibody and research-basis TlIF testing)

Serum (AEPS)

CSF (AEPCSF)

Anti-NMDAR, LGI1, CASPR2, AMPAR1/R2, GABA(B)R, DPPX CBA
Anti- Hu, Yo, Ri, Ma2/Ta, Amphiphysin, CV2, Recoverin, SOX1, Titin, Zic4, GAD65, Tr (DNER) *IB with TlIF/ELISA to confirm positive result*
Anti-GAD65 *ELISA with dilutions to identify high levels*
Anti-GFAP, GABA(A)R, mGluR1, mGluR5, NIF, Neurochondrin, ANNA-3, PCA-2/MAP1B, AP3B2, PDE10A, KLHL11, ITPR1, GRAF1, others *TlIF*
([Clinical Questionnaire](#) is requested with sample but not required)

Paraneoplastic Antibody Panel

(Paraneoplastic antibody testing is included in the comprehensive autoimmune encephalitis panel)

Serum (PNAS)

CSF (PNACSF)

Anti-Hu, Yo, Ri, Ma2/Ta, Amphiphysin, CV2, Recoverin, SOX1, Titin, Zic4, GAD65 and Tr (DNER) *IB with TlIF/ELISA to confirm positive result*

Anti-GAD65 ELISA with dilutions to identify high levels
(Anti-GAD65 is included in the comprehensive autoimmune encephalitis panel)

Serum (AGAD)

CSF (AGADCSF)

Anti-IgG LON5 CBA

Serum (IGLON5S)

CSF (IGLON5CSF)

NMOSD Panel (Anti-MOG and Anti-Aquaporin 4) CBA

Serum (NMOSD)

CSF (NMOSDCSF)

Anti-Ganglioside Antibody Panel, IgG and IgM (GAN)

Anti-GM1, GM2, GM3, GD1a, GD1b, GT1b, GQ1b IgM/IgG *IB*

Anti-GM1, IgM ELISA (AGM1)

Anti-MAG, IgM ELISA (AMAG)

MG Panel (Anti-AChR and Anti-MuSK) CBA (ACHRMUSK)

Anti-HMGCR ELISA (HMGCR)

Myositis Panel (.MYOAP)

Anti-Mi-2 α , Mi-2 β , TIF1 γ , MDA5, NXP2, SAE1, Ku, PM-Scl 100, PM-Scl 75, Jo-1, SRP, PL-7, PL-12, EJ, OJ, Ro-52, Ha, Ks, Zo, cN1A *IB*

Comprehensive Myositis Panel (CMYOAP)

(Recommended test for suspected inflammatory myositis; includes anti-SRP and HMGCR for NAM and anti-cN1A for IBM)

Anti-Mi-2 α , Mi-2 β , TIF1 γ , MDA5, NXP2, SAE1, Ku, PM-Scl 100, PM-Scl 75, Jo-1, SRP, PL-7, PL-12, EJ, OJ, Ha, Ks, Zo, Ro-52, cN1A, HMGCR *IB/ELISA*

CIDP Panel (Nodal/Paranodal Antibodies)
(Research use only test)

Anti-NF155, NF186, CNTN1, CNTN1/CASPR1 CBA

Alzheimer's Disease Biomarker Panel, CSF

(See [Laboratory Test Information Guide](#) for specimen collection and handling instructions)

Abeta42, pTau, Tau *ECLIA*

SPECIMEN REQUIREMENTS AND SHIPPING INSTRUCTIONS

- See [Laboratory Test Information Guide](#) for specimen collection and handling instructions that are specific to the Alzheimer's Disease Biomarker Panel.
- Preferred volume is 2 mL, minimum volume is 1 mL in a 12x75 or 13x75 mm tube.
- Do not send samples to arrive after Friday 3pm, weekends or holidays.
- Store samples in the fridge until shipping and ship with ice packs.
- *Ship specimens for Anti-Tissue Transglutaminase or CH50 testing frozen with dry ice.
- For Neuroimmunology test inquiries, contact: adrian.budhram@lhsc.on.ca
- For individual test pricing go to [REQUEST FOR SERVICES - CLINICAL LABORATORIES](#).

Ship to:

LHSC, Victoria Hospital
Specimen Receiving, Room D1-218
800 Commissioners Rd East
London, ON
N6A 5W9

