

# Neuronal Autoantibodies Request Form

1. All requests **MUST** have the name of the consultant neurologist involved with the case
2. Be very specific for the testing you want and only order what you think are the most clinically useful tests and are most likely to fit with the diagnosis, other autoantibodies can be added on later if needed.
3. Please cancel tests if due to changing clinical circumstance they are not going to change management
4. All samples should be taken prior to any immunosuppression being given as many autoantibodies will become negative
5. In general the routine should be to send both serum (at least 1ml ie 3ml of blood Red or SST) and CSF (at least 1ml)
6. The tests in green (column 1), can be ordered by a neurologist without consultation with an immunopathologist
7. The tests in red (column 2) require discussion with an immunopathologist and should only be ordered under exceptional clinical circumstances.
8. Any tests **NOT** being sent to ISO compliant diagnostic laboratories must be discussed with an immunopathologist and the following information **MUST** be available prior to making the request
  - a. Clinical reason for the test
  - b. Laboratory to be sent including a person to send the sample to, contact number and contact address
  - c. Funding for the testing needs to be approved by your neurology department
  - d. Assurances that arrangements have been made that any results received by the requestor are also sent to Labplus so that they can be entered into the electronic record



AUCKLAND CITY HOSPITAL  
**Neuronal Autoantibodies**



Copy to and address

BAR CODE

Lab Use Only

Family Name

First Name

NHI Number

Gender

Date of Birth

Received Lab

Time Taken

Ward

Date Taken

Collector:

PLEASE INDICATE NO. OF SAMPLES COLLECTED:

Specimen type:



SST



Plain



CSF

**AFFIX PATIENT LABEL**

<input type="checkbox"/> Storage Only [PSTO]	Column 1	Estimated Cost	Column 2 Requires discussion with immunopathologist	Cost
<b>Cerebellar Syndrome</b>	<input type="checkbox"/> Onconeural autoantibodies Default screen (Hu/ANNA-1, Yo/PCA1, Ri/ANNA2, Ma/Ta, Amphiphysin, PCA2, GAD, PCA-Tr)	\$120.73	<input type="checkbox"/> Sox-1	\$tba
	<input type="checkbox"/> Voltage-gated Calcium Channel	\$251.52	<input type="checkbox"/> Zic4	\$tba
			<input type="checkbox"/> mGluR1	\$tba
			<input type="checkbox"/> ANNA-3 (seen on IIF)	\$120.73
			<input type="checkbox"/> CRMP5 (CV2) (Seen on IIF)	\$120.73
			<input type="checkbox"/> Ca (ARHGAP26)	\$tba
<b>Encephalitis</b>	<input type="checkbox"/> NMDA	\$287.00	<input type="checkbox"/> GABAa	\$tba
	<input type="checkbox"/> LE screen Glutamate receptors type NMDA and type AMPA (1 and 2), LGI1, CASPR2, GABAB receptors	\$tba	<input type="checkbox"/> D2R (Dopamine surface receptors)	\$tba
	<input type="checkbox"/> Voltage-gated Potassium Channel (serum only, if CSF LGI1, CASPR2 are performed)	\$251.52	<input type="checkbox"/> PANDAS screen	\$tba
	<input type="checkbox"/> Onconeural autoantibodies Default screen (Hu/ANNA-1, Yo/PCA1, Ri/ANNA2, Ma/Ta, Amphiphysin, PCA2, GAD, PCA-Tr)	\$120.73	<input type="checkbox"/> mGluR5	\$tba
			<input type="checkbox"/> ANNA3	\$120.73
			<input type="checkbox"/> CRMP5 (CV2)	\$120.73
<b>Demyelination</b>	<input type="checkbox"/> Anti-NMO/Aquaporin	\$110.67	<input type="checkbox"/> MOG	\$tba
			<input type="checkbox"/> CRMP5 (CV2)	\$120.73
<b>Epilepsy</b>	<input type="checkbox"/> NMDAR	\$287.00	<input type="checkbox"/> GABAa	\$tba
	<input type="checkbox"/> LE screen Glutamate receptors type NMDA and type AMPA (1 and 2), LGI1, CASPR2, GABAB receptors	\$tba	<input type="checkbox"/> CRMP5 (CV2)	\$120.73
	<input type="checkbox"/> GAD65	\$120.73		
	<input type="checkbox"/> Voltage-gated Potassium Channel (serum only, if CSF LGI1, CASPR2 are performed)	\$251.52		
<b>Lambert-Eaton Myasthenic Syndrome and others</b>	<input type="checkbox"/> Voltage-gated Calcium Channel (LEMS)	\$251.52		
	<input type="checkbox"/> PCA-2 (LEMS)	\$120.73	<input type="checkbox"/> Lrp4 (MG)	\$tba
	<input type="checkbox"/> Sox-1 (LEMS)	\$tba		
	<input type="checkbox"/> Ach (MG)	\$tba		
	<input type="checkbox"/> MuSk (MG)	\$251.52		
	<input type="checkbox"/> Titin (MG)	\$tba		
<b>Retinopathy</b>			<input type="checkbox"/> Recoverin	\$tba
<b>Neuropathy</b>	<input type="checkbox"/> GM1	\$301.83	<input type="checkbox"/> Other Ganglioside antibodies	\$tba
			<input type="checkbox"/> Ganglionic acetyl choline receptors	\$tba
<b>Movement disorders</b>	<input type="checkbox"/> NMDAR	\$287.00	<input type="checkbox"/> GlycineR	\$251.52
	<input type="checkbox"/> Voltage-gated Potassium Channel (serum only, if CSF LGI1, CASPR2 are performed)	\$251.52	<input type="checkbox"/> DPPX	\$tba
	<input type="checkbox"/> GAD65	\$120.73	<input type="checkbox"/> D2R (Dopamine surface receptors)	\$tba
	<input type="checkbox"/> CASPR2	\$251.52		
<b>Stiff person syndrome</b>	<input type="checkbox"/> GAD65	\$120.73		
	<input type="checkbox"/> Amphiphysin	\$tba		

Clinician Ordering Tests

Mobile/Locator Number: .....

NZMC# or practitioner code# .....

NAME IN BLOCK LETTERS .....

Signature .....

Date .....