

This requisition form, when completed, constitutes a referral to the BC Neuroimmunology Laboratory Inc. It is for the use of authorized health care providers only.

All fields must be completed to avoid delays in sample processing.

PATIENT INFORMATION				REFERRING PHYSICIAN	
LAST NAME		FIRST NAME & MIDDLE INITIAL		PHYSICIAN NAME & MSP PRACTITIONER # (IF APPLICABLE)	
PROVINCIAL HEALTHCARE NUMBER (e.g. PHN, OHIP)		DATE OF BIRTH (MONTH/DAY/YEAR)		ADDRESS	
ADDRESS		CITY/TOWN			
PROVINCE	POSTAL CODE	TELEPHONE # (REQUIRED FOR SELF-PAY)		TELEPHONE (REQUIRED FOR STAT TESTS)	FACSIMILE (REQUIRED FOR STAT TESTS)
DIAGNOSIS AND INDICATIONS FOR TESTING AND/OR SPECIAL TREATMENTS (e.g. patient on IVIG)				COPY TO PHYSICIAN(S)	
BILL TO Provincial Health Services Hospital (Inpatients) Patient* (Self-pay; see below) Other: _____					
REQUESTING LABORATORY				SPECIMEN INFORMATION	
LABORATORY/FACILITY NAME				SPECIMEN TYPE Serum CSF Serum + CSF	
ADDRESS		CITY/TOWN		PROVINCE	
TELEPHONE (REQUIRED FOR STAT TESTS)		FACSIMILE (REQUIRED FOR STAT TESTS)		COLLECTION DATE (MONTH/DAY/YEAR)	
				MONTH	DAY
				YEAR	
REFERRED LABORATORY TESTS		ALL TESTS, EXCEPT 'ACHR AB ONLY', MUST BE ORDERED BY A NEUROLOGIST		*MUSK TESTING ONLY BE PERFORMED IN THE EVENT OF A NEGATIVE RESULT ON ACHR AB RIPA ** ACHR AB CBA ONLY BE PERFORMED IN THE EVENT OF A NEGATIVE RESULT ON MUSK TESTING † COST COVERED BY MSP FEE CODE	
MYASTHENIA GRAVIS		AUTOIMMUNE ENCEPHALITIS		MULTIPLE SCLEROSIS	
Acetylcholine receptor antibodies by RIPA (AChR Ab; 91020/91021 only) † Muscle-specific Tyrosine Kinase antibodies (MuSK Ab; P91022) only ** † AChR Ab with reflex MuSK Ab testing Antibodies to clustered acetylcholine receptors (AChR Ab CBA) **		Anti-glutamate receptor (type NMDA) antibodies (NMDAR Ab-STAT) Anti-GABA _A antibodies Anti-voltage-gated potassium channel (VGKC) associated protein (LGI1 & CASPR2) antibodies Anti-DPPX antibodies MOSAIC-6 Autoimmune encephalitis panel (NMDAR, GABA _A , DPPX, LGI1, CASPR2, & AMPAR)		Neutralizing antibodies to interferon-β (NABs to IFN-β; 91858) † Required information for test: <u>Current IFN-β treatment:</u> Rebif22 Rebif44 Avonex Betaseron On IFN-β Since (Date): _____ <u>Previous IFN-β treatment:</u> Rebif22 Rebif44 Avonex Betaseron On IFN-β From (date): _____ To (date): _____	
PARANEOPLASTIC NEUROLOGICAL SYNDROME		NEUROMYELITIS OPTICA			
Paraneoplastic (neuronal) antibody panel – [Amphiphysin, CV2 (CRMP5), PNMA2 (Maz/Ta), Ri, Yo, Hu, Recoverin, SOX1, Titin, Zic4, GAD65 and Tr (DNER)]		Aquaporin-4 antibodies (anti-AQP4 Ab)			
		LAMBERT-EATON MYASTHENIC SYNDROME			
		Voltage-gated calcium channel antibodies (VGCC Ab; P91861) †			
TESTS AWAITING ACCREDITATION				AVAILABLE FOR RESEARCH PURPOSES ONLY	
Low-density lipoprotein receptor-related protein 4 antibodies (anti-LRP4 Ab CBA) Myelin oligodendrocyte glycoprotein antibodies (anti-MOG Ab) Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) Test Panel - Nodal and Paranodal Antibodies					
OTHER/COMMENTS:					
REFERRING PHYSICIAN SIGNATURE					
SIGNATURE OF REFERRING PHYSICIAN				DATE	
				MONTH	DAY
				YEAR	
SPECIMEN COLLECTION			SHIPPING & DELIVERY INSTRUCTIONS		
LABEL ALL SPECIMENS WITH PATIENT'S FULL NAME, DOB, AND/OR HEALTH CARD NUMBER, AND COLLECTION DATE SERUM: Draw blood in two or more tubes with SST activator enough for 2-5 ml serum. Spin tubes, pool serum, freeze if being stored for >1 week, then batch for delivery on ice packs. We will reject samples that are grossly lipemic, hemolyzed, or icteric. CSF: Collect at least 2ml (2cc) CSF into a sterile tube. Deliver as soon as possible on ice packs.			<ul style="list-style-type: none"> Packages should include labelled samples and completed and signed requisition forms. Samples should be shipped in accordance to IATA, ICAO, and TDG regulations. No weekend and statutory holiday deliveries • Delivery Address: BC Neuroimmunology Laboratory Room 5-157, 2211 Wesbrook Mall Vancouver, BC V6T 2B5 Telephone: 604-822-7175		
*PATIENT SELF-PAY			**MuSK ANTIBODY TESTING MSC GUIDELINES		
For patient self-pay samples to be processed by the lab, all requested self-pay tests must be PRE-PAID . Tests can be paid for by credit card or cheque. Contact us for pricing information of individual tests. Please contact the laboratory at 604-822-7175 or info@bcneuro.ca for more information.			As per the Medical Services Commission of BC (MSC), for MuSK antibody testing to be covered by provincial health services, the test can only be requested by neurologists or ophthalmologists and can only be performed on a patient that has tested negative for acetylcholine receptor antibodies (AChR Ab) by RIPA within the last 18 months. Repeat testing in 3-6 months may be done in patients with previous "borderline" results. However, repeat testing in negative patients is not indicated.		
The personal information collected on this form and any medical data subsequently developed will be used and disclosed only as permitted or required by the Personal Information Act. The BC Neuroimmunology Laboratory Inc. privacy statement is available on our website (http://bcneuro.ca). Use of this form implies consent for the use of de-identified patient data and specimens for quality assurance purposes.					