

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)	
DIAGNOSIS AND INDICATIONS FOR TESTING AND/OR SPECIAL TREATMENTS (e.g. patient on IVIG)		TELEPHONE # (REQUIRED FOR STAT TESTS)		FACSIMILE (REQUIRED FOR STAT TESTS)	
BILL TO		COPY TO PHYSICIAN(S)			
Provincial Health Services		Hospital (Inpatients)		Patient* (Self-pay; see below)	
Other: _____					
REQUESTING LABORATORY				SPECIMEN INFORMATION	
LABORATORY/FACILITY NAME				SPECIMEN TYPE	
ADDRESS				Serum CSF Serum & CSF	
CITY/TOWN				PROVINCE	
TELEPHONE (REQUIRED FOR STAT TESTS)				COLLECTION DATE (MONTH/DAY/YEAR)	
FACSIMILE (REQUIRED FOR STAT TESTS)				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 <u>only</u>) †		Anti-glutamate receptor (type NMDA) antibodies (NMDAR Ab-STAT)		Neutralizing antibodies to interferon-β (NAb to IFN-β; 91858) †	
Muscle-specific Tyrosine Kinase antibodies (MuSK Ab; P91022) <u>only</u> **†		Anti-GABA _A antibodies		Required information for test:	
AChR Ab with reflex MuSK Ab testing		Anti-voltage-gated potassium channel (VGKC) associated protein (LGI1 & CASPR2) antibodies		<u>Current IFN-β treatment:</u>	
Antibodies to clustered acetylcholine receptors (AChR Ab CBA) **		Anti-DPPX antibodies		Rebif22 Rebif44	
		MOSAIC-6 Autoimmune encephalitis panel (NMDAR, GABA _A , DPPX, LGI1, CASPR2, & AMPAR)		Avonex Betaseron	
				On IFN-β Since (Date): _____	
NEUROMYELITIS OPTICA		PARANEOPLASTIC NEUROLOGICAL SYNDROME		<u>Previous IFN-β treatment:</u>	
Aquaporin-4 antibodies (anti-AQP4 Ab)		Paraneoplastic (neuron) antibody panel – [Amphiphysin, CV2 (CRMP5), PNMA2 (Maz/Ta), Ri, Yo, Hu, Recoverin, SOX1, Titin, Zic4, GAD65 and Tr (DNER)]		Rebif22 Rebif44	
		LAMBERT-EATON MYASTHENIC SYNDROME		Avonex Betaseron	
Myelin oligodendrocyte glycoprotein antibodies (anti-MOG Ab)		Voltage-gated calcium channel antibodies (VGCC Ab; P91861) †		On IFN-β From (Date): _____	
				To (Date): _____	
				CHRONIC INFLAMMATORY DEMYELINATING POLYNEUROPATHY	
				Test Panel - Nodal and Paranodal Antibodies	
TESTS AWAITING ACCREDITATION				AVAILABLE FOR RESEARCH PURPOSES ONLY	
Low-density lipoprotein receptor-related protein 4 antibodies (anti-LRP4 Ab CBA)					
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			<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 		
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.			<ul style="list-style-type: none"> Delivery Address: BC Neuroimmunology Laboratory Room 5-157, 2211 Wesbrook Mall Vancouver, BC V6T 2B5 Telephone: 604-822-7175 		
CSF: Collect at least 2ml (2cc) CSF into a sterile tube. Deliver as soon as possible on ice packs.					
*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.					