LABORATORY REQUISITION

BC Neuroimmunology

This area is for BC Neuroimmunology Laboratory use only.

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.

**** Highlighted fields must be completed to avoid delays in sample processing.***

PATIENT INFORMATION

LAST NAME	**FIRST NAME & MIDDLE INITIAL**	
PROVINCIAL HEALTHCARE NUMBER (e.g. PHN, OHIP)	**DATE OF BIRTH** (MONTH/DAY/YEAR) MONTH / DAY / YEAR	**SEX** ☐ M ☐ F
ADDRESS	**CITY/TOWN**	
PROVINCE	**POSTAL CODE**	**TELEPHONE #**
DIAGNOSIS AND INDICATIONS FOR TESTING AND/OR SPECIAL TREATMENTS (e.g. patient on IVIG)		
BILL TO ☐ Provincial Health Services ☐ Hospital (Inpatients) ☐ Patient* (Self-pay; see below) ☐ Other:		

REFERRING PHYSICIAN

PHYSICIAN NAME & MSP PRACTITIONER # (IF APPLICABLE)	
ADDRESS	
TELEPHONE (***REQUIRED FOR STAT TESTS***)	**FACSIMILE** (***REQUIRED FOR STAT TESTS***)
COPY TO PHYSICIAN(S)	

REQUESTING LABORATORY

LABORATORY/FACILITY NAME		
ADDRESS	**CITY/TOWN**	**PROVINCE**
TELEPHONE (***REQUIRED FOR STAT TESTS***)	**FACSIMILE** (***REQUIRED FOR STAT TESTS***)	

SPECIMEN INFORMATION

SPECIMEN TYPE ☐ Serum ☐ CSF

COLLECTION DATE (MONTH/DAY/YEAR) MONTH / DAY / YEAR

REFERRED LABORATORY TESTS

*ALL TESTS, EXCEPT 'ACHR AB ONLY', MUST BE ORDERED BY A **NEUROLOGIST***

*^ TESTS **BILLABLE TO PROVINCIAL HEALTH SERVICES.** Contact us for pricing information of other tests (see Self-pay below).*

MYASTHENIA GRAVIS

☐ Acetylcholine receptor (AChR) antibodies (Ab) by RIPA only (91020/91021)^

☐ Muscle-specific Tyrosine Kinase (MuSK) Ab only (P91022)^

☐ AChR Ab with reflex MuSK Ab testing

☐ Antibodies to clustered AChR Ab by live CBA

☐ Low-density lipoprotein receptor-related protein 4 (LRP_4) Ab by live CBA [RESEARCH PURPOSES ONLY]

AUTOIMMUNE ENCEPHALITIS

☐ NMDAR Ab (STAT test)

☐ $GABA_B$ Ab

☐ Voltage-gated potassium channel (VGKC) associated protein (LGI_1 & $CASPR_2$) Ab

☐ Anti-DPPX Ab

☐ MOSAIC-6 Autoimmune Encephalitis Panel [*NMDAR, $GABA_B$, LGI_1, $CASPR_2$, AMPAR Ab*]

MULTIPLE SCLEROSIS

☐ Neutralizing Abs to IFN-β (91858)^

Required information:

Current IFN-β treatment:

☐ Rebif22 ☐ Rebif44
☐ Avonex ☐ Betaseron

On IFN-β Since (Date): _____

Previous IFN-β treatment:

☐ Rebif22 ☐ Rebif44
☐ Avonex ☐ Betaseron

On IFN-β From (Date): _____
To (Date): _____

NEUROMYELITIS OPTICA

☐ Aquaporin-4 (AQP4) Ab

☐ Myelin oligodendrocyte glycoprotein (MOG) Ab

PARANEOPLASTIC NEUROLOGICAL SYNDROME

☐ PNS Ab Panel
[*Amphiphysin, CV2 (CRMP5), PNMA2 (Ma2/Ta), Ri, Yo , Hu, Recoverin, SOX1, Titin, Zic4, GAD65, Tr(DNER)*]

LAMBERT-EATON MYASTHENIC SYNDROME

☐ Voltage-gated calcium channel (VGCC) Ab (P91861)^

CHRONIC INFLAMMATORY DEMYELINATING NEUROPATHY

☐ Test Panel – Nodal & Paranodal Abs

OTHER/COMMENTS:

REFERRING PHYSICIAN SIGNATURE

SIGNATURE OF REFERRING PHYSICIAN MONTH / DAY / YEAR

SPECIMEN COLLECTION

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.

*PATIENT SELF-PAY

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.

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.

SHIPPING & DELIVERY INSTRUCTIONS

- 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 S-157, 2211 Wesbrook Mall
  Vancouver, BC V6T 2B5
  Telephone: 604-822-7175

**MuSK ANTIBODY TESTING MSC GUIDELINES

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) 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.

Tel Lab: 604-822-7175
Tel Office: 604-822-7696
Fax: 604-822-0758
Email: info@bcneuro.ca
Website: http://bcneuro.ca

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