

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			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)	SEX <input type="checkbox"/> M <input type="checkbox"/> F	ADDRESS		
ADDRESS	CITY/TOWN				
PROVINCE	POSTAL CODE	TELEPHONE #	TELEPHONE	FACSIMILE	
DIAGNOSIS AND INDICATIONS FOR TESTING AND/OR SPECIAL TREATMENTS (e.g. patient on IVIG)			COPY TO PHYSICIAN(S)		
<b>BILL TO</b> <input type="checkbox"/> Provincial Health Services <input type="checkbox"/> Hospital (Inpatients) <input type="checkbox"/> Patient* (Self-pay; see below) <input type="checkbox"/> Other: _____					
<b>REQUESTING LABORATORY: ALL TESTS, EXCEPT 'ACHR AB ONLY', MUST BE ORDERED BY A <u>NEUROLOGIST</u></b>					
LABORATORY/FACILITY NAME			SPECIMEN TYPE <input type="checkbox"/> Serum <input type="checkbox"/> CSF		
ADDRESS	CITY/TOWN	PROVINCE	COLLECTION DATE (mm/dd/yyyy)		
TELEPHONE (REQUIRED FOR STAT TESTS)	FACSIMILE (REQUIRED FOR STAT TESTS)				
REFERRED LABORATORY TESTS					
Myasthenia Gravis	Neuromyelitis Optica	Autoimmune Encephalitis and PNS			
<input type="checkbox"/> Acetylcholine receptor (AChR) antibodies (Ab) by RIPA only (91020/91021) <i>MSP Billable</i> <input type="checkbox"/> Muscle-specific Tyrosine Kinase (MuSK) Ab SPR only (P91022) <i>MSP Billable</i> <input type="checkbox"/> Muscle-specific Tyrosine Kinase (MuSK) Ab RIPA <input type="checkbox"/> AChR Ab with reflex to MuSK Ab testing <input type="checkbox"/> Antibodies to clustered AChR Ab by live CBA (Covered by Alexion Pharma) <input type="checkbox"/> Low-density lipoprotein receptor-related protein 4 (LRP4) Ab by live CBA (Research purpose ONLY) <b>Required Clinical information (please check):</b> <input type="checkbox"/> Ocular <input type="checkbox"/> Bulbar <input type="checkbox"/> Generalized <input type="checkbox"/> Clinical Remission Double vision? <input type="checkbox"/> Yes <input type="checkbox"/> No Difficulty swallowing? <input type="checkbox"/> Yes <input type="checkbox"/> No Generalized weakness? <input type="checkbox"/> Yes <input type="checkbox"/> No Fatiguable weakness? <input type="checkbox"/> Yes <input type="checkbox"/> No Repeated stimulation: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Don't know SFEMG: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Don't know Beneficial effect of mestinon? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <b>MSC Guidelines for MuSK Testing</b> 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.	<input type="checkbox"/> Aquaporin-4 (AQP4) Ab Live CBA (covered by Alexion Pharma) <input type="checkbox"/> Myelin oligodendrocyte glycoprotein (MOG) Live CBA <b>Clinical Information:</b> <input type="checkbox"/> Optic neuritis <input type="checkbox"/> Acute Myelitis <input type="checkbox"/> Area Postrema Syndrome <input type="checkbox"/> Acute Brainstem Syndrome <input type="checkbox"/> Symptomatic Cerebral Syndrome <input type="checkbox"/> Symptomatic Narcolepsy <input type="checkbox"/> Acute Diencephalic Clinical Syndrome <b>Lambert-Eaton Myasthenic Syndrome</b> <input type="checkbox"/> Voltage-gated calcium channel (VGCC) Ab (P91861) <i>MSP Billable</i> <b>Clinical Information:</b> <input type="checkbox"/> Cerebellar Ataxia <input type="checkbox"/> Myelitis <input type="checkbox"/> Proximal Weakness <input type="checkbox"/> Dysmetria <input type="checkbox"/> Cognitive changes <input type="checkbox"/> Autonomic Dysfunction <input type="checkbox"/> Reduced deep tendon reflexes <b>Chronic Inflammatory Demyelinating Neuropathy (CIDP)</b> Self-pay see below <input type="checkbox"/> Test Panel – 5 Nodal & Paranodal Abs – CASPR1, CNTN1, NF186, NF140, NF155 <b>Clinical Information:</b> <input type="checkbox"/> Gradual onset >3months <input type="checkbox"/> Rapid onset- within a month <input type="checkbox"/> Sensory loss <input type="checkbox"/> Abnormal sensation <input type="checkbox"/> Loss of reflexes <input type="checkbox"/> Muscles atrophy <input type="checkbox"/> Weakness or fatigue <input type="checkbox"/> Burning <input type="checkbox"/> Pain <input type="checkbox"/> Difficulty swallowing <input type="checkbox"/> Double vision <b>Neutralizing Antibodies to IFN-β</b> <b>Current IFN-β treatment since:</b> <input type="checkbox"/> Rebif 22 <input type="checkbox"/> Rebif 44 <input type="checkbox"/> Avonex <input type="checkbox"/> Betaseron <b>Previous IFN-β treatment since:</b> <input type="checkbox"/> Rebif 22 <input type="checkbox"/> Rebif 44 <input type="checkbox"/> Avonex <input type="checkbox"/> Betaseron	<b>Autoimmune Encephalitis Panel</b> <input type="checkbox"/> Serum <input type="checkbox"/> CSF <input type="checkbox"/> NMDAR Ab, <input type="checkbox"/> VGKC Ab (LG1 & CASPR2), <input type="checkbox"/> AMPA/R, <input type="checkbox"/> GABA <sub>A</sub> Ab <input type="checkbox"/> DPPX, <input type="checkbox"/> GAD 65, <input type="checkbox"/> IgLON 5, <input type="checkbox"/> AMPA R1/R2, <input type="checkbox"/> GFAP <input type="checkbox"/> MOSAIC-6 Ab Panel (NMDAR, GABA <sub>A</sub> , LG1, CASPR2, DPPX, AMPAR) <input type="checkbox"/> AE Antibodies Full Panel (Medium, and Low-Risk Ab) by rat brain immunohistochemistry/immunofluorescence reflex to CBAs (Includes antibodies to: NMDAR, GABAB, VGKC (LG1, CASPR2), AMPA/R, GAD65, IgLON5, GFAP) <input type="checkbox"/> Serum <input type="checkbox"/> CSF <input type="checkbox"/> NMDA antibody titer by Snap-Frozen Rat brain sections <input type="checkbox"/> CSF Only <b>Paraneoplastic Panel by Immunoblot</b> <input type="checkbox"/> Serum <input type="checkbox"/> CSF <input type="checkbox"/> Amphiphysin, CV2, PNMA2, Ri, Yo, Hu, Recoverin, SOX1, Titin, Zic4, GAD65, Tr (DNER) <input type="checkbox"/> Paraneoplastic Antibodies Full Panel (High-Risk Ab) by rat brain immunohistochemistry/ immunofluorescence reflex to immunoblot and CBAs (Includes antibodies to: Amphiphysin, CV2, PNMA2, Ri, Yo, Hu, Recoverin, SOX1, Titin, Zic4, GAD65, Tr (DNER) <input type="checkbox"/> Serum <input type="checkbox"/> CSF <b>Clinical questionnaire:</b> Date of illness onset: Family History of Autoimmunity: <input type="checkbox"/> Yes <input type="checkbox"/> No Neurologic/Psychiatric change: <input type="checkbox"/> Yes <input type="checkbox"/> No Seizures: <input type="checkbox"/> Yes <input type="checkbox"/> No Cancer: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes type of Cancer: <b>Prodromal symptoms:</b> <input type="checkbox"/> Flu-like symptoms <input type="checkbox"/> Diarrhea <input type="checkbox"/> Weight loss <input type="checkbox"/> Anxiety <input type="checkbox"/> Sleep disturbances <input type="checkbox"/> Mood swings <input type="checkbox"/> Depression <b>Clinical Phenotype:</b> <input type="checkbox"/> Encephalomyelitis <input type="checkbox"/> LE <input type="checkbox"/> OMS <input type="checkbox"/> Stiff-person syndrome <input type="checkbox"/> Rapidly progressive cerebellar syndrome <input type="checkbox"/> Sensory neuropathy <input type="checkbox"/> Morvan syndrome <b>Immunomodulatory drugs given and response:</b>			
Other comments					
NAME and SIGNATURE OF REFERRING PHYSICIAN			MONTH	DAY	YEAR
SPECIMEN COLLECTION			SHIPPING & DELIVERY INSTRUCTIONS		
Label all Specimens with patient full name, DOB, Health card number and sample collection date SERUM: Draw blood in SST tubes for 2-5 ml serum. Spin tubes, pool serum, freeze if being stored for >1 week, then batch for delivery on ice packs. <b>We will reject samples that are grossly lipemic, hemolyzed, or icteric.</b> CSF: Collect at least 3-5ml (3-5cc) CSF into a sterile tube. Deliver as soon as possible on ice packs.			<ul style="list-style-type: none"> <li>• Packages should include labelled samples and completed and signed requisition forms. Samples should be shipped in accordance to IATA, ICAO, and TDG regulations.</li> <li>• No weekend and statutory holiday deliveries.</li> <li>• <b>Delivery Address:</b>                BC Neuroimmunology Laboratory                Room S-157, 2211 Wesbrook Mall                Vancouver, BC V6T 2B5                Telephone: 604-822-7175 E-mail: hans@bcneuro.ca             </li> </ul>		
<b>PATIENT SELF-PAY</b> For patient self-pay samples to be processed by the lab, all requested self-pay tests must be <b>PRE-PAID</b> . Tests can be paid for by credit card or cheque. Contact us for pricing information.			<small>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.</small>		