BC Neuroimmunology

LABORATORY REQUISITION

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. Please see page 2 for specimen collection and shipping instructions, as well as information regarding private payment, test specific MSP guidelines, and the test directory. *** 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 (DAY/MONTH/YEAR)

DAY | MONTH | YEAR

PATIENT TYPE ☐ **Out-Patient** ☐ **In-Patient or Emergency**

SEX ☐ Female ☐ Male ☐ X ☐ Unknown

ADDRESS

CITY/TOWN

PROVINCE

POSTAL CODE

TELEPHONE # **(REQUIRED FOR STAT TESTS)**

BILL TO

☐ Provincial Health Services ☐ Hospital ☐ Patient[1] (Self-pay; see page 2) ☐ 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

SPECIMEN NO.:

COLLECTION DATE (DAY/MONTH/YEAR)

DAY | MONTH | YEAR

REFERRED LABORATORY TESTS

ALL TESTS ARE ON A **PRIVATE PAYMENT**[1] BASIS (*SEE PAGE 2*) UNLESS OTHERWISE STATED. FOR TEST-SPECIFIC INFORMATION, PLEASE REFER TO OUR **TEST DIRECTORY**[2] (*SEE PAGE 2*).

Myasthenia Gravis

☐ Acetylcholine receptor (AChR) antibodies (Ab) only (91020/91021) ***MSP Billable***

☐ Muscle-specific Tyrosine Kinase (MuSK) Ab only (P91022) ***MSP Billable[3] (See page 2)***

☐ AChR Ab with reflex to MuSK Ab testing

☐ Clustered AChR Ab live cell-based assay (CBA)

☐ Low-density lipoprotein receptor-related protein 4 (LRP4) Ab CBA (for research use)

Required clinical information (please check all that apply):

Diagnosis of MG: ○ Suspected ○ Established ○ MG Crisis ○ Clinical Remission

Type of MG: ○ Ocular ○ Bulbar ○ Generalized

Criteria for Diagnosis:

○ Repeated Stimulation (RNS) ○ Normal ○ Abnormal ○ Unknown

○ Increased jitter (SFEMG) ○ Normal ○ Abnormal ○ Unknown

Additional clinical info., Immunomodulatory drugs given and response: _____

Lambert-Eaton Myasthenic Syndrome

☐ Voltage-gated calcium channel (VGCC) Ab (P91861) ***MSP Billable[3] (See page 2)***

Clinical Information (please check all that apply):

○ *Proximal weakness*
○ *Cognitive changes*
○ *Reduced deep tendon reflexes*
○ *Myelitis*
○ *Autonomic dysfunction*
○ *Cerabellar ataxia*
○ *Dysmetria*

Neuronal Damage Biomarker

☐ Neurofilament Light Chain (NfL)

Chronic Inflammatory Demyelinating Neuropathy

☐ CIDP Panel – 5 Nodal & Paranodal antibodies – CASPR1, CNTN1, NF186, NF140, NF155

Clinical Information (please check all that apply):

○ Gradual onset (> 3 month) ○ Rapid onset (≤ one month)
○ Pain ○ Abnormal sensation
○ Sensory loss ○ Weakness or fatigue
○ Muscles atrophy ○ Loss of reflexes
○ Double vision ○ Difficulty swallowing

Neuromyelitis Optica Spectrum Disorder

☐ Aquaporin-4 (AQP4) Ab live CBA

☐ Myelin oligodendrocyte glycoprotein (MOG) Ab live CBA

Clinical Information (please check all that apply):

○ ADEM ○ MDEM ○ ADEM-ON
○ Optic neuritis ○ Transverse Myelitis
○ Area Postrema Syndrome
○ Acute Brainstem Syndrome
○ Symptomatic Cerebral Syndrome
○ Symptomatic Narcolepsy
○ Acute Diencephalic Clinical Syndrome

Autoimmune Encephalitis & Paraneoplastic Neurologic Syndrome

☐ **Preliminary Testing Panel for Autoimmune Encephalitis**
NMDAR, GABAB, LGI1, CASPR2, DPPX, AMPAR
(All positives reflex to tissue-based assay)
Notes : For STAT orders (~24-hour TAT), please indicate or call lab at 604-822-7175 _____

☐ **Preliminary Testing Panel for Paraneoplastic Antibodies**
Amphiphysin, CV2, PNMA2, Ri, Yo, Hu, Recoverin, SOX1, Titin, Zic4, GAD65, Tr (DNER)
(All positives reflex to tissue-based assay)

☐ **Comprehensive in-house Testing Panel** (This test should be ordered for patients with high clinical suspicion and negative results from preliminary panels)
NMDAR, GABAB, LGI1, CASPR2, DPPX, AMPAR, Amphiphysin, CV2, PNMA2, Ri, Yo, Hu, Recoverin, SOX1, Titin, Zic4, GAD65, Tr (DNER), GluR1, GluR5, GlyR, KLH11, GFAP, and IgLON5
(Screening with Euroimmun mosaic/paraneoplastic/ immunoblot/in-house rat-brain immunohistochemistry /immunofluorescence reflex to in-house CBAs)

Individual Antibody Testing (Mosaic/in-house CBAs; all positives reflex to a tissue-based assay)

☐ NMDAR STAT (CSF only) ☐ NMDAR ☐ LGI1 & CASPR2
☐ AMPAR ☐ GABAB ☐ DPPX ☐ GAD65 ☐ IgLON5
☐ GFAP

Clinical Information (please fill and check all that apply):

Date of illness onset: _____

Clinical Suspicion: ○ High ○ Intermediate ○ Low

Family history of autoimmunity: ○ Yes ○ No
Neurologic/Psychiatric change: ○ Yes ○ No
Seizures: ○ Yes ○ No
Cancer: ○ Yes ○ No
If yes, type of cancer: _____

Prodromal symptoms:

○ Flu-like symptoms ○ Diarrhea ○ Weight loss
○ Depression ○ Anxiety ○ Mood swings
○ Sleep disturbances

Clinical Phenotype:

○ Encephalomyelitis ○ LE ○ OMS
○ Stiff-person syndrome
○ Rapidly progressive cerebellar syndrome
○ Sensory neuropathy
○ Morvan syndrome

Immunomodulatory drugs given & response:

_____

_____

OTHER COMMENTS (diagnosis and/or special treatments - e.g., patient on IVIG):

REFERRING PHYSICIAN SIGNATURE

NAME & SIGNATURE OF REFERRING PHYSICIAN

DATE

DAY | MONTH | YEAR

SPECIMEN COLLECTION

- No patient preparation is required for sample collection.
- Blood collection tubes:
  - For **serum**, use gold-top SST vacutainer tubes
- Draw blood in collection tube(s) enough for a total of 1 to 5 ml serum. Spin collection tubes, pool serum (if necessary), freeze, then batch for shipping on ice packs or dry ice as appropriate for the test(s) requested (see **Test Directory[2]** below).
- **CSF:** Collect at least 3-5 ml (3-5 cc) CSF into a sterile tube. Deliver as soon as possible on ice packs.
- LABEL ALL SPECIMENS WITH PATIENT'S FULL NAME, DOB, AND SAMPLE COLLECTION DATE

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

[1] PRIVATE PAYMENT

Tests that are offered on a "private payment" basis can be paid by the requesting laboratory or the patient ("*Self-Pay*").

- For patients, all requested self-pay tests must be **PRE-PAID**, before samples can be processed by BC Neuroimmunology Laboratory Inc. Tests can be paid for by personal credit card or cheque. Credit card payments for self-pay tests can be submitted through our secure online payment portal https://bcneuro.ca/payment/. For any enquiry, please contact us at *accounting@bcneuro.ca.*
- For laboratories, please contact us for your payment options of invoices or email *accounting@bcneuro.ca* for more information.

[2] TEST DIRECTORY

For test-specific information, such as methodology, sample handling and stability, minimum volume, turnaround time, testing frequency, and terms of coverage under the BC Medical Services Plan, please see our test directory, which can be found on our website (https://bcneuro.ca/tests/).

[3] MSP Guidelines for MuSK Ab and VGCC Ab Testing within British Columbia

As per the Medical Services Plan of BC (MSP), for MuSK and VGCC antibody testing to be covered by provincial health services, testing *must* be requested by a **neurologist** or, for MuSK Ab, an **ophthalmologist** or **neuro-ophthalmologist**. Otherwise, testing can be ordered on a private-pay[1] basis (*see above*).

For MuSK Ab Testing, the patient *must* have been found AchR Ab negative within the last 18 months with BC Neuroimmunology or with another laboratory, in which case, a copy of the results from the other laboratory must be attached or stated on the requisition by the ordering physician. MuSK Ab testing can be re-ordered for patients whose previous MuSK Ab results in Borderline or Positive, within 3-6 months of the previous test date. MSP does **not** cover repeat testing for patients previously negative for MuSK Ab. However, in the event that a patient's symptoms are significantly progressing, and repeat MuSK Ab testing is needed, please contact the laboratory for arrangements.

For VGCC Ab Testing, MSP does not cover repeat testing under any circumstances, as it is a once-in-a-lifetime test. Any additional testing *must* be ordered on a private-pay[1] basis.

DAP ISO 15189 ACCREDITATION

This facility has successfully met the accreditation requirements of the College of Physicians and Surgeons of BC Diagnostic Accreditation Program standards and been granted the internationally recognized DAP ISO 15189 accreditation.

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.