BC Neuroimmunology

Neurodegenerative Profile Requisition Form

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			**REFERRING PHYSICIAN**	
LAST NAME	FIRST NAME & MIDDLE INITIAL		PHYSICIAN NAME & MSP PRACTITIONER # (IF APPLICABLE)	
PROVINCIAL HEALTHCARE NUMBER (e.g. PHN, OHIP)	DATE OF BIRTH (DAY/MONTH/YEAR) DAY / MONTH / YEAR		ADDRESS	
PATIENT TYPE ☐ **Out-Patient** ☐ **In-Patient or Emergency**	SEX ☐ Female ☐ Male ☐ X ☐ Unknown			
ADDRESS	CITY/TOWN		TELEPHONE (***REQUIRED FOR STAT TESTS***)	FACSIMILE (***REQUIRED FOR STAT TESTS***)
PROVINCE	POSTAL CODE	TELEPHONE # & EMAIL **(REQUIRED FOR PAYMENT)**		
BILL TO ☐ Provincial Health Services ☐ Hospital ☐ Patient[1] (Self-pay; see page 2) ☐ Other: _____			COPY TO PHYSICIAN(S)	

REQUESTING LABORATORY:			**SPECIMEN INFORMATION**
LABORATORY/FACILITY NAME			SPECIMEN TYPE ☐Plasma ☐ CSF
ADDRESS	CITY/TOWN	PROVINCE	SPECIMEN NO.:
			Time of Sample collection _____am _____pm
TELEPHONE (***REQUIRED FOR STAT TESTS***)	FACSIMILE (***REQUIRED FOR STAT TESTS***)		COLLECTION DATE (DAY/MONTH/YEAR)

Alzheimer's Disease

Plasma
- ☐ pTau217 ALZpath/SIMOA®
- ☐ pTau217 Lumipulse®
- ☐ GFAP Lumipulse®
- ☐ NfL Lumipulse®
- ☐ pTau217/ Aβ42 Lumipulse®

CSF
- ☐ Aβ42/40
- ☐ pTau181
- ☐ NfL
- ☐ tTau
- ☐ Neurogranin

CSF Panel
- ☐ CSF Panel 3 Biomarkers (Aβ 42/40 Ratio, pTau181, tTau) Lumipulse®
- ☐ CSF Panel 4 Biomarkers (Aβ 42/40 Ratio, NfL, pTau181, tTau) Lumipulse®

Required clinical information (please check all that apply):

Clinical features:
- ☐ Episodic Memory problems
- ☐ Language problems
- ☐ Behavioral Changes
- ☐ REM sleep behaviour disorder
- ☐ Delusions
- ☐ Visuospatial Problems
- ☐ Articulation problems
- ☐ Executive dysfunction
- ☐ Extrapyramidal dysfunction/ Parkinsonism
- ☐ Hallucinations

Cognitive test function score at onset:
MMSE_____ MOCA_____ 3MS_____ Others(specify)_____

Imaging Findings:
MRI
- ☐ Normal ☐ Hippocampal Atrophy ☐ Ventricular Dilatation
- ☐ Abnormal fMRI
- ☐ Positive Aβ PET
- ☐ Positive Tau PET

Clinical Diagnosis:
- ☐ Cognitively unimpaired
- ☐ Subjective Cognitive Decline
- ☐ Amnestic MCI
- ☐ Non-Amnestic MCI
- ☐ Atypical AD
  - ☐ PCA ☐ Lv PPA ☐ frontal AD ☐ motor variant
- ☐ AD

Non- AD Neurodegenerative Diseases

Plasma
- ☐ NfL Lumipulse®
- ☐ GFAP Lumipulse®

CSF
- ☐ NfL
- ☐ tTau

Required clinical information (please check all that apply):

Clinical Diagnosis:
- ☐ Frontotemporal Dementia
- ☐ Amyotrophic lateral sclerosis
- ☐ Multiple Sclerosis
- ☐ Traumatic Brain Injury (TBI)
- ☐ Chronic Traumatic Encephalopathy (CTE)
- ☐ Atypical Parkinson Disease
- ☐ Huntington Disease
- ☐ Creutzfeldt-Jakob disease
- ☐ Normal Pressure Hydrocephalus
- ☐ HIV-associated neurocognitive impairment
- ☐ Vascular Dementia
- ☐ Dementia with Lewy Body
- ☐ Parkinson Disease with Dementia
- ☐ Parkinson disease
- ☐ Corticobasal degeneration
- ☐ Progressive supranuclear palsy
- ☐ Multiple system atrophy
- ☐ Spinal Muscular Atrophy

APOE Genotyping

- ☐ Whole blood

OTHER COMMENTS (other diagnosis and/or special treatments, e.g. patient on kidney function medicine, last dose on DD/MM/YYYY):

REFERRING PHYSICIAN SIGNATURE			
NAME & SIGNATURE OF REFERRING PHYSICIAN	**DATE** DAY	MONTH	YEAR

Lab Telephone: 604-822-7175; **Fax:** 604-822-0758
E-Mail: info@bcneuro.ca; **Website:** http://bcneuro.ca

CAP ACCREDITED COLLEGE of AMERICAN PATHOLOGISTS · CLIA Clinical Laboratory Improvement Amendments · ISO 15189 DAP ACCREDITED

INSTRUCTIONS FOR SENDING SAMPLES

- It is the responsibility of the Customer/Sender to ensure sample handling, sample identification, packaging, transportation, and delivery.
- Samples must have clear labelling and must be sent together with a completed requisition form.
- The referring hospital/clinic and the physician's name and contact information must be filled in on the requisition form.
- The sample should not be hemolytic, lipemic or icteric.

SPECIMEN COLLECTION

- No patient preparation is required for sample collection.
- Collection tubes:
  - For **plasma**, use K2 EDTA lavender-top vacutainer tubes.
    - Draw blood in collection tube(s) enough for a total of 2 to 5 mL plasma. Spin collection tubes, pool plasma (if necessary) and store refrigerated. Samples must be received at the laboratory within 48 hrs of collection and shipped on ice packs. If batch shipping, samples must be frozen and shipped on dry ice.
  - For **CSF,** use Sarstedt CSF Tube 63.614.625.
    - Collect CSF directly into two Sarstedt tubes and fill the tube 50% to 80% minimum. The specimen must not be aliquoted from a regular collection tube. Freeze immediately after aliquoting and avoid freeze-thaw cycles or multiple tube transfers. Package on dry ice for shipment.
  - For **APOE Genotyping** whole blood, use lavender-top (EDTA) tube (preferred), yellow-top (ACD) tube.
    - Draw blood in collection tube(s) enough for a minimum of 1 mL of blood. Package on ice pack for shipment.
    - Note: Minimum volume is 1 mL, but it does not allow for repeat testing.
- 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/).

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 award.

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.