

Neurodegenerative Profile Requisition Form

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.

This area is for
BC Neuroimmunology
Laboratory use only.

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)		ADDRESS
		DAY	MONTH	
PATIENT TYPE ☐ Out-Patient ☐ In-Patient or Emergency		SEX ☐ Female ☐ Male ☐ X ☐ Unknown		TELEPHONE (REQUIRED FOR STAT TESTS)
ADDRESS		CITY/TOWN		
PROVINCE		POSTAL CODE	TELEPHONE # & EMAIL (REQUIRED FOR PAYMENT)	
BILL TO ☐ Hospital ☐ Patient ¹ (Self-pay; see page 2) ☐ Other: _____				COPY TO PHYSICIAN(S)
REQUESTING LABORATORY:				SPECIMEN INFORMATION
LABORATORY/FACILITY NAME				SPECIMEN TYPE ☐ Plasma ☐ CSF ☐ Whole blood
ADDRESS		CITY/TOWN	PROVINCE	SPECIMEN NO.:
TELEPHONE (REQUIRED FOR STAT TESTS)		FACSIMILE (REQUIRED FOR STAT TESTS)		Time of Sample collection _____ am _____ pm COLLECTION DATE (DAY/MONTH/YEAR)

Alzheimer's Disease	Non-AD Neurodegenerative Diseases	Genotyping
Plasma ☐ pTau217 ALZpath/SIMOA® ☐ pTau217 Lumipulse® ☐ GFAP Lumipulse® ☐ NfL Lumipulse® ☐ pTau217/Aβ42 Lumipulse® CSF ☐ Aβ42/40 ☐ pTau181 ☐ NfL ☐ tTau ☐ Neurogranin CSF Panel ☐ CSF Panel 4 Biomarkers (Aβ 42/40 Ratio, pTau181, tTau) Lumipulse® ☐ CSF Panel 5 Biomarkers (Aβ 42/40 Ratio, NfL, pTau181, tTau) Lumipulse® Required clinical information (please check all that apply): Clinical features: ☐ Episodic Memory problems ☐ Visuospatial Problems ☐ Language problems ☐ Articulation problems ☐ Behavioral Changes ☐ Executive dysfunction ☐ REM sleep behaviour disorder ☐ Extrapyrimal dysfunction/ Parkinsonism ☐ Delusions ☐ Hallucinations Cognitive test function score at onset: MMSE_____ MOCA_____ 3MS_____ Others(specify)_____	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	Whole blood ☐ APOE

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

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 hours 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.**
406-8188 Manitoba Street,
Vancouver BC V5X 0L5
Telephone: 604-296-9828

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.

²TEST 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](https://bcneuro.ca/tests/), 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.