Requisition for General Immunology and Neuroimmunology Testing

REFERRING PHYSICIAN Authorized Signature is Required

Clinic/Hospital:

Physician Name (Print):

Signature:

Email:

Address:

Telephone: Fax:

PATIENT INFORMATION (All Fields are Required)

Medical Record No.:

Health Card No.:

Last Name:

First Name:

Date of Birth: YYYY/MM/DD

Sex: M ◯ F ◯ Other ◯

KNOWN OR SUSPECTED DIAGNOSIS

COLLECTION INFORMATION

Date drawn (YYYY/MM/DD):

Time drawn (00:00hr):

Collected by:

Lab Reference Specimen No.:

SPECIMEN TYPE

◯ Serum

◯ CSF

◯ Other (Please specify):

GENERAL IMMUNOLOGY TESTING

◯ **Anti-Nuclear Antibodies (ANA)** *IIFA*
For certain patterns immunoblot follow up with either Chromosome profile, and/or ENA profile for titres ≥1:160

◯ **Autoimmune Liver Disease Profile (AILDP)** *IIFA*
AMA, ASMA, LKM, ANA
For certain patterns, immunoblot(s) follow up with Chromosome profile, and/or ENA profile for titres ≥ 1:160 and/or Liver profile for titres ≥1:80

◯ **Chromosome Profile (ANACP)** *Immunoblot*
Anti-dsDNA, Nucleosomes, Histones, DFS70, Scl-70, CENP A, CENP B

◯ **ENA Profile (ANAEPP)** *Immunoblot*
Anti-nRNP/Sm, Sm, SS-A, SS-B, Ro-52, Scl-70, Jo-1

◯ **Liver Profile (ANALP)** *Immunoblot*
Anti-M2, M2-3E, Sp100, PML, gp210, LKM-1, LC-1, SLA/LP, Ro-52

◯ **Systemic Sclerosis Profile (.ANANP)** *Immunoblot*
Anti-Scl 70, CENP A, CENP B, RP11, RP 155, Fibrillarin, NOR90, Th/To, PM-Scl75, PM-Scl 100, Ku, PDGFR, Ro-52

Galactomannan Aspergillus Antigen *ELISA*

◯ Galactomanannan Aspergillus Antigen Serum (GALACTOM)

◯ Galactomanannan Aspergillus Antigen BAL Fluid (GALACTOMF)

Vasculitis

◯ ANCA (anti-MPO/PR3) (ANCA) *ELISA*

◯ Anti-GBM (AGBM) *ELISA*

◯ Anti-Cyclic Citrullinated Peptide (ACCP) *ELISA*

◯ Anti-dsDNA by dsDNA-NcX Elisa (DNA) *ELISA*

◯ Anti-Tissue Transglutaminase, IgA (TTGAB)* *Chemiluminescence*

◯ Immune Complexes (CIC) *ELISA*

◯ C1 Inhibitor Protein (C1IN) *Turbidimetry*

◯ CH50 (TCOMP)* *Turbidimetry*

◯ IgG Subclasses (IGGSUB) IgG1, IgG2 IgG3, IgG4 *Turbidimetry*

◯ Serum Free Light Chains (FLC) *Turbidimetry*

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Last Name: _____ First Name: _____

NEUROIMMUNOLOGY AND NEURODIAGNOSTIC TESTING

Comprehensive Autoimmune Encephalitis Panel
(Recommended test for suspected autoimmune encephalitis; includes autoimmune encephalitis antibody, paraneoplastic antibody, GAD65 antibody and TIIF testing)

◯ Serum (AEPS) ◯ CSF (AEPCSF)

Anti-NMDAR, LGI1, CASPR2, AMPAR1/R2, GABA(B)R, DPPX *CBA*
Anti- Hu, Yo, Ri, Ma2/Ta, Amphiphysin, CV2, Recoverin, SOX1, Titin, Zic4, GAD65, Tr (DNER) *IB with TIIF/ELISA to confirm positive result*
Anti-GAD65 *ELISA with dilutions to identify high levels*
Anti-GFAP, GABA(A)R, mGluR1, mGluR5, NIF, Neurochondrin, ANNA-3, PCA-2/MAP1B, AP3B2, PDE10A, KLHL11, ITPR1, GRAF1, others *TIIF*

Paraneoplastic Antibody Panel
(Paraneoplastic antibody testing is included in the comprehensive autoimmune encephalitis panel)

◯ Serum (PNAS) ◯ CSF (PNACSF)

Anti-Hu, Yo, Ri, Ma2/Ta, Amphiphysin, CV2, Recoverin, SOX1, Titin, Zic4, GAD65 and Tr (DNER) *IB with TIIF/ELISA to confirm positive result*

Anti-GAD65 *ELISA with dilutions to identify high levels*
(Anti-GAD65 is included in the comprehensive autoimmune encephalitis panel)

◯ Serum (AGAD) ◯ CSF (AGADCSF)

Anti-lgGLON5 *CBA*

◯ Serum (IGLON5S) ◯ CSF (IGLON5CSF)

NMOSD Panel (Anti-MOG and Anti-Aquaporin 4) *CBA*

◯ Serum (NMOSD) ◯ CSF (NMOSDCSF)

◯ **Anti-Ganglioside Antibody Panel, IgG and IgM (GAN)**
Anti-GM1, GM2, GM3, GD1a, GD1b, GT1b, GQ1b IgM/IgG *IB*

◯ **Anti-GM1, IgM** *ELISA* **(AGM1)**

◯ **Anti-MAG, IgM** *ELISA* **(AMAG)**

◯ **MG Panel (Anti-AChR and Anti-MuSK)** *CBA* **(ACHRMUSK)**

◯ **Anti-HMGCR** *ELISA* **(HMGCR)**

◯ **Myositis Panel (.MYOAP)**
Anti-Mi-2α , Mi-2β, TIF1γ, MDA5, NXP2, SAE1, Ku, PM-Scl 100, PM-Scl 75, Jo-1, SRP, PL-7, PL-12, EJ, OJ, Ro-52, Ha, Ks, Zo, cN1A *IB*

◯ **Comprehensive Myositis Panel (CMYOAP)**
(Recommended test for suspected inflammatory myositis; includes anti-SRP and HMCGR for NAM and anti-cN1A for IBM)
Anti-Mi-2α, Mi-2β, TIF1γ, MDA5, NXP2, SAE1, Ku, PM-Scl 100, PM-Scl 75, Jo-1, SRP, PL-7, PL-12, EJ, OJ, Ha, Ks, Zo, Ro-52, cN1A, HMGCR *IB/ELISA*

◯ **CIDP Panel (Nodal/Paranodal Antibodies)**
(Research use only test)
Anti-NF155, NF186, CNTN1, CNTN1/CASPR1 *CBA*

◯ **Alzheimer's Disease Biomarker Panel, CSF**
(See Laboratory Test Information Guide for specimen collection and handling instructions)
Abeta42, pTau, Tau *ECLIA*

◯ **Alzheimer's Disease pTau217, Plasma** *ECLIA*
(See Laboratory Test Information Guide for specimen collection and handling instructions)

SPECIMEN REQUIREMENTS AND SHIPPING INSTRUCTIONS

- **See Laboratory Test Information Guide for specimen collection and handling instructions that are specific to the Alzheimer's Disease Biomarker Panel.**
- Preferred volume is 2 mL, minimum volume is 1 mL in a 12x75 or 13x75 mm tube.
- Do not send samples to arrive after Friday 3pm, weekends or holidays.
- Store samples in the fridge until shipping and ship with ice packs.
- *Ship specimens for Anti-Tissue Transglutaminase or CH50 testing frozen with dry ice.
- For Neuroimmunology test inquiries, contact: adrian.budhram@lhsc.on.ca
- For individual test pricing go to REQUEST FOR SERVICES - CLINICAL LABORATORIES.

Ship to:
LHSC, Victoria Hospital
Specimen Receiving, Room D1-218
800 Commissioners Rd East
London, ON
N6A 5W9

London Health Sciences Centre
Pathology and Laboratory Medicine

2026-10-29