

# 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

Medical Record No.:

Health Card No.:

Last Name:

First Name:

Date of Birth:

YYYY/MM/DD

Sex: M      F      Other

## COLLECTION INFORMATION

Date drawn (YYYY/MM/DD):

Time drawn (00:00hr):

Collected by:

Lab Reference Specimen No.:

## KNOWN OR SUSPECTED DIAGNOSIS

## 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  $\geq 1:160$

### 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  $\geq 1:160$  and/or Liver profile for titres  $\geq 1:80$

### 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*

Galactomannan Aspergillus Antigen Serum (GALACTOM)

Galactomannan 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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### NEUROIMMUNOLOGY AND NEURODIAGNOSTIC TESTING

**Comprehensive Autoimmune Encephalitis Panel**  
(Recommended test for suspected autoimmune encephalitis; includes autoimmune encephalitis antibody, paraneoplastic antibody, GAD65 antibody and research-basis TlIF 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 TlIF/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 *TlIF*

**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 TlIF/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-IgGLON5 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-2 $\alpha$ , Mi-2 $\beta$ , TIF1 $\gamma$ , 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 HMGCR for NAM and anti-cN1A for IBM)

Anti-Mi-2 $\alpha$ , Mi-2 $\beta$ , TIF1 $\gamma$ , 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*

### 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](mailto: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

