

## NEUROMUSCULAR CLINICAL LABORATORY: Antibody Testing

Neuromuscular Disease Center  
 Department of Neurology  
 Washington University School of Medicine  
 Web Site: <http://neuromuscular.wustl.edu/>

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Patient Name (Last, First, Initials): \_\_\_\_\_  
 Age \_\_\_\_ | Sex \_\_\_\_ | Birth Date \_\_\_\_\_  
 Sample Collection Date \_\_\_\_\_ | Specimen # \_\_\_\_\_  
 Clinical diagnosis: \_\_\_\_\_  
 Physician requesting test: \_\_\_\_\_ UPIN# \_\_\_\_\_  
 Referring hospital: \_\_\_\_\_  
 Name and address for report and/or charges \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### ANTIBODY TESTS and INTERPRETATIONS REQUESTED

Syndrome Panels	Individual Antibodies
<input type="checkbox"/> <b>Motor Neuropathy</b> IgM vs: GM1, GA1; NP-9; GalNAc-GD1a; NS6S; MAG; HH3 IgG vs: GM1; GalNAc-GD1a	<b>Neuropathy</b> <input type="checkbox"/> GM1 (IgM); <input type="checkbox"/> GM1 (IgG) <input type="checkbox"/> MAG (IgM) <input type="checkbox"/> TS-HDS (IgM) <input type="checkbox"/> NS-6S (IgM) <input type="checkbox"/> SGPG (IgM) <input type="checkbox"/> GALOP Antigen (IgM) <input type="checkbox"/> Sulfatide (IgM & IgG) <input type="checkbox"/> GD1b (IgM) <input type="checkbox"/> GQ1b (IgG) <input type="checkbox"/> $\beta$ -Tubulin (IgM & IgG) <input type="checkbox"/> Heparan Sulfate (IgM)
<input type="checkbox"/> <b>Sensory (<math>\pm</math> Motor) Neuropathy</b> IgM vs: MAG, GD1b, TS-HDS, Sulfatide, HH3; IgG vs: Sulfatide	<b>Other IgM:</b> <input type="checkbox"/> GM2; <input type="checkbox"/> GD1a; <input type="checkbox"/> asialo-GM1; <input type="checkbox"/> Decorin; <input type="checkbox"/> Chondroitin sulfate; <input type="checkbox"/> Histone H3; <input type="checkbox"/> AHS; <input type="checkbox"/> GalNAc-GD1a
<input type="checkbox"/> <b>Peripheral Neuropathy</b> Sensory Neuropathy + GM1	<b>Other IgG:</b> <input type="checkbox"/> GalNAc-GD1a; <input type="checkbox"/> Heparan Sulfate; <input type="checkbox"/> GT1a; <input type="checkbox"/> Lysoganglioside-GM1 <b>Other:</b> <input type="checkbox"/> _____
<input type="checkbox"/> <b>Sensory Neuropathy/Neuronopathy</b> IgM vs: MAG, GD1b, TS-HDS & Sulfatide; IgG vs: Sulfatide & Hu	<b>Paraneoplastic (IgG):</b> <input type="checkbox"/> Hu; <input type="checkbox"/> Yo; <input type="checkbox"/> Ri; <input type="checkbox"/> Tr <input type="checkbox"/> Cerebellar immunostaining
<input type="checkbox"/> <b>Demyelinating Neuropathy</b> IgM vs: MAG, GM1, GalNAc-GD1a, $\beta$ -Tubulin; IgG vs: $\beta$ -Tubulin	
<input type="checkbox"/> <b>Acute Neuropathy:</b> IgM vs: GM1, $\beta$ -Tubulin, Heparan sulfate IgG vs: GM1, GQ1b, GD1a, GalNAc-GD1a; $\beta$ -Tubulin	
<input type="checkbox"/> <b>Myopathy:</b> IgM vs Decorin	<input type="checkbox"/> <b>Autism/Landau-Kleffner Syndrome variant</b>

**NOTE:** Please send 3 to 5 cc of serum from clotted blood.  
 For data without interpretations, please contact us.

#### Patient Information

Patient Signature: \_\_\_\_\_ (For release of information)  
 Address: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_ | Social Security #: \_\_\_\_\_  
 Medicare # & Suffix: \_\_\_\_\_ | In name of: \_\_\_\_\_  
 Missouri Medicaid Recipient # (8 digits): \_\_\_\_\_ | In name of: \_\_\_\_\_  
 Subscriber name: \_\_\_\_\_ | Date of Birth \_\_\_\_\_  
 Commercial insurance company: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Employer phone: \_\_\_\_\_  
 Certificate/ID/SS #: \_\_\_\_\_ Group #: \_\_\_\_\_  
 Subscriber signature: \_\_\_\_\_ (For assignment of benefits) (Rev 3/12 AP)