

NEUROMUSCULAR CLINICAL LABORATORY

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

Campus Box 8111, Room IWJ 404
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 Phone: 314-362-6981; Fax: 314-362-3752

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 INTERPRETATION REQUESTED

Syndrome Panels	Individual Antibodies
<input type="checkbox"/> Motor Neuropathy IgM vs Co-GM1, asialo-GM1; NP-9; IgG vs GM1; GalNAc-GD1a	Neuropathy <input type="checkbox"/> Motor: Co-GM1; GM1 (IgM & IgG); NP-9 (IgM) GalNAc-GD1a (IgG)
<input type="checkbox"/> Sensory (± Motor) Neuropathy IgM vs MAG, TS-HDS & Sulfatide; IgG vs Sulfatide	<input type="checkbox"/> MAG (IgM) <input type="checkbox"/> SGPG (IgM) <input type="checkbox"/> GALOP Antigen (IgM) <input type="checkbox"/> Sulfatide (IgM & IgG)
<input type="checkbox"/> Peripheral Neuropathy Motor and Sensory Neuropathy Panels	<input type="checkbox"/> GD1b (IgM) <input type="checkbox"/> GQ1b (IgG) <input type="checkbox"/> β-Tubulin (IgM & IgG) <input type="checkbox"/> GT1a (IgG) <input type="checkbox"/> Heparan Sulfate (IgM)
<input type="checkbox"/> Sensory Neuronopathy/Neuropathy IgM vs Sulfatide, GD1b, TS-HDS; IgG vs Sulfatide, Hu	<input type="checkbox"/> Trisulfated Heparin Disaccharide (TS-HDS) Other IgM: <input type="checkbox"/> GM2; <input type="checkbox"/> GD1a; <input type="checkbox"/> asialo-GM1; <input type="checkbox"/> Z-MAG; <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"/> Demyelinating Neuropathy IgM vs MAG, GM1, GalNAc-GD1a, β-Tubulin; IgG vs β-Tubulin	Other IgG: <input type="checkbox"/> GalNAc-GD1a; <input type="checkbox"/> Heparan Sulfate; <input type="checkbox"/> Lysoganglioside-GM1 Other: <input type="checkbox"/> _____
<input type="checkbox"/> Acute Neuropathy: IgM vs GM1, β-Tubulin, Heparan sulfate IgG vs GM1, GQ1b, GD1a, GalNAc-GD1a; β-Tubulin	Paraneoplastic disorder (IgG): <input type="checkbox"/> Hu; <input type="checkbox"/> Yo; <input type="checkbox"/> Ri; <input type="checkbox"/> Tr; <input type="checkbox"/> Cerebellar immunostaining
<input type="checkbox"/> Myopathy: IgM vs Decorin	<input type="checkbox"/> Autism/Landau-Kleffner Syndrome variant

NOTE: Please send 3 to 5 cc of serum from clotted blood

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 4/09 AP)