

NEUROMUSCULAR CLINICAL LABORATORY: Antibody Testing

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

Campus Box 8111, Room IWJ 404
 660 South Euclid Avenue; St. Louis, MO 63110
 Phone: Lab 314-362-2406; Office 314-362-6981
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Patient: Name (Last, First, Initials): _____
 Age ____ | Sex ____ | Birth Date _____
 Status when serum collected: Independent laboratory; Inpatient; Outpatient, Physician Office
 Sample Collection Date _____ | Specimen # _____
 Clinical diagnosis: _____
 Physician requesting test: _____ UPIN# _____
 Referring hospital: _____
 Name & Address for report and/or charges _____

FAX number for Report (Needed for US samples) _____

ANTIBODY TESTS & INTERPRETATIONS REQUESTED

Syndrome Panels	Antibody Panels: Individual
<input type="checkbox"/> Motor Neuropathy IgM vs: GA1, NP-9, GD1b, NS6S, MAG, HH3, GD1a IgM & IgG vs: GM1, GalNAc-GD1a	Motor <input type="checkbox"/> GM1 - IgM (vs GM1, HH3 & GD1a) <input type="checkbox"/> GM1 - IgG (vs GM1 & Sulfatide) <input type="checkbox"/> GD1b - IgM (vs GD1b & HH3) <input type="checkbox"/> GalNAc-GD1a - IgM (vs GalNAc-GD1a, HH3 & GD1a) <input type="checkbox"/> GalNAc-GD1a - IgG (vs GalNAc-GD1a & Sulfatide) <input type="checkbox"/> NS-6S - IgM (vs NS-6S, HH3 & GD1a) <input type="checkbox"/> GD1a - IgM (vs GD1a & HH3) <input type="checkbox"/> NP9 - IgM (vs GM1 + GalC & GD1a) <input type="checkbox"/> GA1 - IgM (vs GA1 & HH3) Sensory <input type="checkbox"/> TS-HDS - IgM (vs TS-HDS, HH3 & GD1a) <input type="checkbox"/> FGFR3 - IgG (vs FGFR3 & Sulfatide) <input type="checkbox"/> GM2 - IgM (vs GM2 & HH3) <input type="checkbox"/> Sulfatide - IgM & IgG (vs Sulfatide (IgM & IgG), HH3 (IgM) & GM1 (IgG)) <input type="checkbox"/> GALOP - IgM (vs GALOP, & NP9) Demyelinating <input type="checkbox"/> MAG - IgM (vs MAG & HH3 ± Western Blot) <input type="checkbox"/> SGPG - IgM (vs SGPG & HH3) <input type="checkbox"/> β-Tubulin - IgM & IgG (vs β-Tubulin (IgM & IgG), HH3 (IgM) & GM1 (IgG)) <input type="checkbox"/> Neurofascin - IgG (WB) <input type="checkbox"/> Contactin-1 - IgG (WB) Acute <input type="checkbox"/> GD1b - IgG (vs GD1b & Sulfatide) <input type="checkbox"/> GQ1b - IgG (vs GQ1b & Sulfatide) <input type="checkbox"/> GT1a - IgG (vs GT1a & Sulfatide) <input type="checkbox"/> GM1 - IgG (vs GM1 & Sulfatide) <input type="checkbox"/> Heparan-SO₄ - IgM (vs HepSO ₄ , HH3 & GD1a) Myopathy <input type="checkbox"/> HMGCR - IgG (vs HMGCR & Sulfatide) <input type="checkbox"/> NT5C1A - IgG <input type="checkbox"/> MDA5 - IgG <input type="checkbox"/> Jo-1 - IgG <input type="checkbox"/> SRP - IgG <input type="checkbox"/> Decorin - IgM (vs Decorin, HH3 & GD1a) Paraneoplastic <input type="checkbox"/> Hu - IgG (vs Hu (WB & IHC)) <input type="checkbox"/> Yo - IgG (vs Yo (WB & IHC)) <input type="checkbox"/> Ri - IgG (vs Ri (WB & IHC)) <input type="checkbox"/> Tr - IgG (vs Tr (IHC)) <input type="checkbox"/> CRMP5 - IgG (vs CRMP5 (WB)) Other <input type="checkbox"/> Lysoganglioside-GM1 - IgG (vs Lys-GM1 & Sulf) <input type="checkbox"/> Autism: Landau-Kleffner variant (IgM & IgG) <input type="checkbox"/> _____
<input type="checkbox"/> Sensory (± Motor) Neuropathy: IgM vs: MAG, GD1b, HH3, TS-HDS, Sulfatide, GD1a; IgG vs: FGFR3, Sulfatide & GM1	
<input type="checkbox"/> Peripheral Neuropathy Sensory Neuropathy + IgM vs GM1, GA1, GalNAc-GD1a	
<input type="checkbox"/> Sensory Neuropathy/Neuronopathy IgM vs: MAG, GD1b, TS-HDS, HH3, GD1a; IgG vs: Hu, FGFR3, GM1 & CRMP-5; IgG & IgM vs: Sulfatide	
<input type="checkbox"/> Demyelinating Neuropathy: IgM & IgG vs: β-Tubulin IgM vs: MAG, GM1, GalNAc-GD1a, Heparan-SO ₄ , HH3, GD1a IgG vs Neurofascin, Contactin-1 & Sulfatide	
<input type="checkbox"/> Acute Neuropathy IgM vs Heparan-SO ₄ , GD1a, HH3; IgG vs: GQ1b, Sulfatide IgM & IgG vs: GM1, β-Tubulin, GD1b, GalNAc-GD1a	
<input type="checkbox"/> Myopathy: IgM vs Decorin, HH3 IgG vs HMGCR, NT5C1A, Jo-1, MDA5, SRP, Sulfatide	
<input type="checkbox"/> Paraneoplastic: IgG vs Hu, Yo, Ri, Tr, CRMP5	

NOTE: Send 3 ml of serum from clotted blood, frozen or ambient temperature. Label specimen tube with 2 forms of patient ID
 All ELISA antibody testing in our laboratory includes the specific antibody requested, and additional antibody testing that is subtracted from other results to obtain levels of specific antibody binding. Additional antibodies include IgM binding to histone H3 and/or GD1a ganglioside and IgG binding to sulfatide and/or GM1 ganglioside.
 The values of the additional antibody titers are listed on the report. Interpretations are provided for all antibody tests. For data without interpretations, please contact us.
 Street address: NEUROMUSCULAR LABORATORY, 509 South Euclid, Room 404, St. Louis, MO 63110

Patient Information

Patient Signature: _____ (For release of information)
 Address: _____
 City/State/ZIP: _____
 Telephone number: _____ | Social Security #: _____
 Credit card: Number _____ | Expiration date _____ | Security Code _____
 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 3/28/2017 AP)