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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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 _____
_____
_____
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ANTIBODY TESTS & INTERPRETATIONS REQUESTED

Syndrome Panels	Antibody Panels: Individual
[ ] **Motor Neuropathy** IgM vs: GA1, NP-9, GD1b, NS6S, MAG, HH3, GD1a IgM & IgG vs: GM1, GalNAc-GD1a	**[ ] GM1 - IgM** (vs GM1, HH3 & GD1a) **[ ] GM1 - IgG** (vs GM1 & Sulfatide) **[ ] GD1b - IgM** (vs GD1b & HH3) **[ ] GD1b - IgG** (vs GD1b & Sulfatide) **[ ] NS-6S - IgM** (vs NS-6S, HH3 & GD1a) **[ ] GD1a - IgM** (vs GD1a & HH3) **[ ] NP9 - IgM** (vs GM1 + GalC & GD1a) **[ ] GA1 - IgM** (vs GA1 & HH3) **[ ] MAG - IgM** (vs MAG & HH3 ± Western Blot) **[ ] TS-HDS - IgM** (vs TS-HDS, HH3 & GD1a) **[ ] GALOP - IgM** (vs GALOP, & NP9) **[ ] FGFR3 - IgG** (vs FGFR3 & Sulfatide) **[ ] GM2 - IgM** (vs GM2 & HH3) **[ ] Sulfatide - IgM & IgG** (vs Sulfatide (IgM & IgG), HH3 (IgM) & GM1 (IgG)) **[ ] β-Tubulin - IgM & IgG** (vs β-Tubulin (IgM & IgG), HH3 (IgM) & GM1 (IgG)) **[ ] SGPG - IgM** (vs SGPG & HH3) **[ ] Heparan-SO_4 - IgM** (vs HepSO_4, HH3 & GD1a) **[ ] GT1a - IgG** (vs GT1a & Sulfatide) **[ ] GQ1b - IgG** (vs GQ1b & Sulfatide) **[ ] GalNAc-GD1a - IgM** (vs GalNAc-GD1a, HH3 & GD1a) **[ ] GalNAc-GD1a - IgG** (vs GalNAc-GD1a & Sulfatide) **[ ] Neurofascin - IgG** (vs Neurofascin & Sulfatide) **[ ] Contactin-1 - IgG** (vs Contactin-1 & Sulfatide) **[ ] Lysoganglioside-GM1 - IgG** (vs Lys-GM1 & Sulf) **[ ] Decorin - IgM** (vs Decorin, HH3 & GD1a) **[ ] Jo-1 - IgG** (vs Jo-1 & Sulfatide) **[ ] HMGCR - IgG** (vs HMGCR & Sulfatide) **[ ] SRP - IgG** (vs SRP & Sulfatide) **[ ] MDA5 - IgG** (vs MDA5 & Sulfatide) **[ ] NT5C1A - IgG** (vs NT5C1a) **[ ] Hu - IgG** (vs Hu (WB & IHC)) **[ ] Yo - IgG** (vs Yo (WB & IHC)) **[ ] Ri - IgG** (vs Ri (WB & IHC)) **[ ] Tr - IgG** (vs Tr (IHC)) **[ ] Autism**: Landau-Kleffner variant (IgM & IgG) **Other**: [ ] _____
[ ] **Sensory (± Motor) Neuropathy**: IgM vs: MAG, GD1b, HH3, TS-HDS, Sulfatide, GD1a; IgG vs: FGFR3, Sulfatide & GM1	
[ ] **Peripheral Neuropathy** Sensory Neuropathy + IgM vs GM1, GA1, GalNAc-GD1a	
[ ] **Sensory Neuropathy/Neuronopathy** IgM vs: MAG, GD1b, TS-HDS, HH3, GD1a; IgG vs: Hu, FGFR3, GM1 & CRMP-5; IgG & IgM vs: Sulfatide	
[ ] **Demyelinating Neuropathy**: IgM & IgG vs: β-Tubulin IgM vs: MAG, GM1, GalNAc-GD1a, Heparan-SO_4, HH3, GD1a IgG vs Neurofascin, Contactin-1 & Sulfatide	
[ ] **Acute Neuropathy** IgM vs Heparan-SO4, GD1a, HH3; IgG vs: GQ1b, Sulfatide IgM & IgG vs: GM1, β-Tubulin, GD1b, GalNAc-GD1a	
[ ] **Myopathy**: IgM vs Decorin, HH3; IgG vs SRP IgG vs HMGCR, NT5C1A, Jo-1, MDA5, Sulfatide	

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

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Patient Information
Patient Signature: _____(For release of information)
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Address: _____
City/State/ZIP: _____
Telephone number: _____| Social Security #: _____
Credit card: Number _____| Expiration date _____| Security Code _____
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Medicare # & Suffix: _____| In name of: _____
Missouri Medicaid Recipient # (8 digits): _____ | In name of: _____
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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 7/18/2016 AP)