

**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"/> <b>Motor Neuropathy</b> IgM vs: GA1, NP-9, GD1b, NS6S, MAG, HH3, GD1a IgM & IgG vs: GM1, GalNAc-GD1a	<b>Motor</b> <input type="checkbox"/> <b>GM1 - IgM</b> (vs GM1, HH3 & GD1a) <input type="checkbox"/> <b>GM1 - IgG</b> (vs GM1 & Sulfatide) <input type="checkbox"/> <b>GD1b - IgM</b> (vs GD1b & HH3) <input type="checkbox"/> <b>GalNAc-GD1a - IgM</b> (vs GalNAc-GD1a, HH3 & GD1a) <input type="checkbox"/> <b>GalNAc-GD1a - IgG</b> (vs GalNAc-GD1a & Sulfatide) <input type="checkbox"/> <b>NS-6S - IgM</b> (vs NS-6S, HH3 & GD1a) <input type="checkbox"/> <b>GD1a - IgM</b> (vs GD1a & HH3) <input type="checkbox"/> <b>NP9 - IgM</b> (vs GM1 + GalC & GD1a) <input type="checkbox"/> <b>GA1 - IgM</b> (vs GA1 & HH3)
<input type="checkbox"/> <b>Sensory (± Motor) Neuropathy:</b> IgM vs: MAG, GD1b, HH3, TS-HDS, Sulfatide, GD1a; IgG vs: FGFR3, Sulfatide & GM1	<b>Sensory</b> <input type="checkbox"/> <b>TS-HDS - IgM</b> (vs TS-HDS, HH3 & GD1a) <input type="checkbox"/> <b>FGFR3 - IgG</b> (vs FGFR3 & Sulfatide) <input type="checkbox"/> <b>GM2 - IgM</b> (vs GM2 & HH3) <input type="checkbox"/> <b>Sulfatide - IgM &amp; IgG</b> (vs Sulfatide (IgM & IgG), HH3 (IgM) & GM1 (IgG)) <input type="checkbox"/> <b>GALOP - IgM</b> (vs GALOP, & NP9)
<input type="checkbox"/> <b>Peripheral Neuropathy</b> Sensory Neuropathy + IgM vs GM1, GA1, GalNAc-GD1a	<b>Demyelinating</b> <input type="checkbox"/> <b>MAG - IgM</b> (vs MAG & HH3 ± WB) <input type="checkbox"/> <b>SGPG - IgM</b> (vs SGPG, GD1a & HH3) <input type="checkbox"/> <b>β-Tubulin - IgM &amp; IgG</b> (vs β-Tubulin (IgM & IgG), HH3 (IgM) & GM1 (IgG)) <input type="checkbox"/> <b>Neurofascins (140 &amp; 155) - IgG</b> (WB) <input type="checkbox"/> <b>Contactin-1 - IgG</b> (WB)
<input type="checkbox"/> <b>Sensory Neuropathy/Neuronopathy</b> IgM vs: MAG, GD1b, TS-HDS, HH3, GD1a; IgG vs: Hu, FGFR3, GM1 & CRMP-5; IgG & IgM vs: Sulfatide	<b>Acute</b> <input type="checkbox"/> <b>GD1b - IgG</b> (vs GD1b & Sulfatide) <input type="checkbox"/> <b>GQ1b - IgG</b> (vs GQ1b & Sulfatide) <input type="checkbox"/> <b>GT1a - IgG</b> (vs GT1a & Sulfatide) <input type="checkbox"/> <b>GM1 - IgG</b> (vs GM1 & Sulfatide) <input type="checkbox"/> <b>Heparan-SO<sub>4</sub> - IgM</b> (vs HepSO <sub>4</sub> , HH3 & GD1a)
<input type="checkbox"/> <b>Demyelinating Neuropathy:</b> IgM & IgG vs: β-Tubulin IgM vs: MAG, GM1, GalNAc-GD1a, Heparan-SO <sub>4</sub> , HH3, GD1a IgG vs Neurofascins (140 & 155), Contactin-1 & Sulfatide	<b>Myopathy</b> <input type="checkbox"/> <b>HMGCR - IgG</b> (vs HMGCR & Sulfatide) <input type="checkbox"/> <b>NT5C1A - IgG</b> (WB) <input type="checkbox"/> <b>MDA5 - IgG</b> (WB) <input type="checkbox"/> <b>Jo-1 - IgG</b> (WB) <input type="checkbox"/> <b>SRP - IgG</b> (WB) <input type="checkbox"/> <b>Decorin - IgM</b> (vs Decorin, HH3 & GD1a) <input type="checkbox"/> <b>Titin (MGT-30) - IgG</b> (WB)
<input type="checkbox"/> <b>Acute Neuropathy:</b> IgM vs Heparan-SO <sub>4</sub> , GD1a, HH3; IgG vs: GQ1b, Sulfatide, Neurofascins 140 & 155 Contactin-1 IgM & IgG vs: GM1, β-Tubulin, GD1b, GalNAc-GD1a	<b>Paraneoplastic</b> <input type="checkbox"/> <b>Hu - IgG</b> (WB & IHC) <input type="checkbox"/> <b>Yo - IgG</b> (WB & IHC) <input type="checkbox"/> <b>Ri - IgG</b> (WB & IHC) <input type="checkbox"/> <b>Tr - IgG</b> (IHC) <input type="checkbox"/> <b>CRMP5 - IgG</b> (WB)
<input type="checkbox"/> <b>Myopathy:</b> IgM vs Decorin, HH3 IgG vs HMGCR, NT5C1A, Jo-1, MDA5, SRP, MGT-30; Sulfatide	<b>Other</b> <input type="checkbox"/> <b>Lysoganglioside-GM1 - IgG</b> (vs Lys-GM1 & Sulf) <input type="checkbox"/> <b>Autism:</b> Landau-Kleffner variant (IgM & IgG) <input type="checkbox"/> _____
<input type="checkbox"/> <b>Paraneoplastic:</b> 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. Methods: ELISA unless otherwise stated; WB = Western blot. 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: \_\_\_\_\_

**Billing:** 1. **Patient insurance:** Attach copies of patient insurance. 2. **Institutional Billing:** List billing contact name & phone number.

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 1/26/2018 AP)