

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
 Fax: 314-362-3413

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: _____
Requesting Physician: Name _____ | Signature _____
 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)
<input type="checkbox"/> Sensory (± Motor) Neuropathy: IgM vs: MAG, GD1b, HH3, TS-HDS, Sulfatide, GD1a; IgG vs: FGFR3, Sulfatide & GM1	Sensory <input type="checkbox"/> TS-HDS - IgM (vs TS-HDS, HH3 & GD1a) <input type="checkbox"/> Plexin D1 - IgG (WB) <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) <input type="checkbox"/> MAG - IgM (vs MAG & HH3 ± WB)
<input type="checkbox"/> Peripheral Neuropathy Sensory Neuropathy + IgM vs GM1, GA1, GalNAc-GD1a	Demyelinating <input type="checkbox"/> MAG - IgM (vs MAG & HH3 ± WB) <input type="checkbox"/> SGPG - IgM (vs SGPG, GD1a & HH3) <input type="checkbox"/> β-Tubulin - IgM & IgG (vs β-Tubulin (IgM & IgG), HH3 (IgM) & GM1 (IgG)) <input type="checkbox"/> Neurofascins 155 (IgG & IgM); 140 (IgG) (WB) <input type="checkbox"/> Contactin-1 (IgG) (WB)
<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	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)
<input type="checkbox"/> Demyelinating Neuropathy: IgM & IgG vs: β-Tubulin IgM vs: MAG, GM1, GalNAc-GD1a, Hep-SO ₄ , NF-155, HH3, GD1a IgG vs Neurofascins (140 & 155), Contactin-1; IgG vs GM1	Myopathy <input type="checkbox"/> HMGCR - IgG (vs HMGCR & Sulfatide) <input type="checkbox"/> NT5C1A - IgG (WB) <input type="checkbox"/> MDA5 - IgG (WB) <input type="checkbox"/> Jo-1 - IgG (WB) <input type="checkbox"/> SRP - IgG (WB) <input type="checkbox"/> Decorin - IgM (vs Decorin, HH3 & GD1a) <input type="checkbox"/> Titin (MGT-30) - IgG (WB)
<input type="checkbox"/> Acute Neuropathy: IgM vs Heparan-SO ₄ , GD1a, HH3 IgG vs: GQ1b, Sulfatide, Neurofascin 140, Contactin-1 IgM & IgG vs: GM1, β-Tubulin, GD1b, GalNAc-GD1a, NF-155	Paraneoplastic <input type="checkbox"/> Hu - IgG (WB & IHC) <input type="checkbox"/> Yo - IgG (WB & IHC) <input type="checkbox"/> Ri - IgG (WB & IHC) <input type="checkbox"/> Tr - IgG (IHC) <input type="checkbox"/> CRMP5 - IgG (WB)
<input type="checkbox"/> Myopathy: IgM vs Decorin, HH3, GD1a IgG vs HMGCR, NT5C1A, Jo-1, MDA5, SRP, MGT-30; Sulfatide	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"/> Paraneoplastic: IgG vs Hu, Yo, Ri, Tr, CRMP5	

NOTE: Send 3 ml of serum from clotted blood (Red top tube), 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 10/29/2018 AP)