

NEUROMUSCULAR CLINICAL LABORATORY Antibody & Serum Tests: Request Form Washington University School of Medicine - Neurology Campus Box 8111, Room IWJ 404 660 South Euclid Avenue; St. Louis, MO 63110 https://neuromuscular.wustl.edu/	Testing Contacts Phone: 314-362-2406 e-mail: nmlab@wustl.edu Billing/Financial Phone: 314-273-2009 e-mail: nllabbilling@wustl.edu Fax: 314-362-3413
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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: _____

ANTIBODY TESTS & INTERPRETATIONS REQUESTED

Syndrome Panels	Individual Antibody & Antigen Tests
<input type="checkbox"/> Motor Neuropathy: Neurofilament Light Chain (NfL) (Serum) IgM vs: GA1, NP-9, GD1b, NS6S, MAG, HH3, GD1a IgM & IgG vs: GM1, GalNAc-GD1a	Motor <input type="checkbox"/> GM1 - IgM ^a <input type="checkbox"/> GA1 - IgM ^b <input type="checkbox"/> GalNAc-GD1a - IgG ^c <input type="checkbox"/> GM1 - IgG ^c <input type="checkbox"/> GD1a - IgM ^b <input type="checkbox"/> GalNAc-GD1a - IgM ^a <input type="checkbox"/> GD1b - IgM ^b <input type="checkbox"/> NP9 - IgM ^e <input type="checkbox"/> NS-6S - IgM ^a
<input type="checkbox"/> Sensory (± Motor) Neuropathy: IgM vs: MAG, GD1b, HH3, Sulfatide, GD1a, TS-HDS; IgG vs: FGFR3, Sulfatide & GM1	Sensory <input type="checkbox"/> FGFR3 - IgG ^c <input type="checkbox"/> MAG - IgM ^b (± Wb) <input type="checkbox"/> Sulfatide - IgM & IgG ^{b,d} <input type="checkbox"/> TS-HDS - IgM ^a <input type="checkbox"/> Plexin D1 - IgG (Wb) <input type="checkbox"/> GM2 - IgM ^b <input type="checkbox"/> GALOP - IgM ^e
<input type="checkbox"/> Peripheral Neuropathy: Sensory (± Motor) Neuropathy + IgM vs GM1, GA1, GalNAc-GD1a + Neurofilament Light Chain (NfL) (Serum)	Demyelinating <input type="checkbox"/> MAG - IgM ^b (± Wb) <input type="checkbox"/> Neurofascin 140, 155, & 186 (IgG ± IgG ₄ & IgM) (Wb) <input type="checkbox"/> SGPG - IgM ^a <input type="checkbox"/> Contactin-1 (IgG ± IgG ₄) (Wb) <input type="checkbox"/> Caspr-1 (IgG) (Wb) <input type="checkbox"/> β-Tubulin - IgM & IgG ^{b,d}
<input type="checkbox"/> Sensory Neuropathy/Neuronopathy Sensory (± Motor) Neuropathy + IgG vs: Hu & CRMP-5 Neurofilament Light Chain (NfL) (Serum)	Acute <input type="checkbox"/> GD1b - IgG ^c <input type="checkbox"/> GT1a - IgG ^c <input type="checkbox"/> Heparan-SO ₄ - IgM ^a <input type="checkbox"/> GQ1b - IgG ^c <input type="checkbox"/> GM1 - IgG ^c
<input type="checkbox"/> Small Fiber Neuropathy IgM vs TSHDS ^a , Sulfatide; IgG vs FGFR3 ^c , Plexin D1	Myopathy <input type="checkbox"/> HMGCR - IgG ^c <input type="checkbox"/> MDA5 - IgG (Wb) <input type="checkbox"/> SRP54 - IgG (Wb) <input type="checkbox"/> NT5C1A - IgG (Wb) <input type="checkbox"/> Jo-1 - IgG (Wb) <input type="checkbox"/> Decorin - IgM ^a <input type="checkbox"/> Titin (MGT-30) - IgG (Wb)
<input type="checkbox"/> Demyelinating Neuropathy: IgG vs Contactin-1, Caspr-1, GM1 IgM & IgG vs: β-Tubulin; Neurofascins 140, 155, 186 IgM vs: MAG, GM1, GalNAc-GD1a, Hep-SO ₄ , HH3, GD1b, GD1a	<input type="checkbox"/> Myositis (Wb) - IgG : Jo1; PL-7 & 12; EJ; OJ; MDA5; U1-RNP Mi-2α; Mi-2β; Tif1γ; NXP2; SAE1; Ku; PM-Scl 75 & 100; SRP; Ro-52
<input type="checkbox"/> Acute Neuropathy: IgM vs Heparan-SO ₄ , GD1a, HH3 IgG vs: GQ1b, Sulfatide, Neurofascins, Contactin-1, Caspr-1 IgM & IgG vs: GM1, β-Tubulin, GD1b, GalNAc-GD1a, NF-155 Neurofilament Light Chain (NfL) (Serum)	Paraneoplastic + <input type="checkbox"/> Hu - IgG (Wb ± IHC) <input type="checkbox"/> Ri - IgG (Wb ± IHC) <input type="checkbox"/> Tr - IgG (Wb ± IHC) <input type="checkbox"/> Yo - IgG (Wb ± IHC) <input type="checkbox"/> CRMP5 - IgG (Wb ± IHC) <input type="checkbox"/> Glutamic acid decarboxylase (GAD65) - IgG (Wb) <input type="checkbox"/> Lysoganglioside-GM1 - IgG ^c
<input type="checkbox"/> Myopathy 1: IgM vs Decorin, HH3, GD1a IgG vs HMGCR, NT5C1A, Jo-1, MDA5, SRP, MGT-30; Sulfatide	Biomarkers <input type="checkbox"/> Neurofilament Light Chain (NfL) (Serum) <input type="checkbox"/> Neurofilament Heavy Chain, phosphorylated (pNfH) (CSF only)
<input type="checkbox"/> Myopathy 2: IgM vs Decorin, HH3, GD1a IgG vs HMGCR, NT5C1A, MGT-30; Sulfatide Myositis Wb - IgG : Jo1; PL-7 & 12; EJ; OJ; MDA5; Ku; U1-RNP Mi-2α; Mi-2β; Tif1γ; NXP2; SAE; PM-Scl 75 & 100; SRP; Ro-52	Additional Antibodies Reported ^a HH3 & GD1a; ^b HH3; ^c Sulfatide; ^d GM1; ^e GD1a
<input type="checkbox"/> Paraneoplastic: IgG vs Hu, Yo, Ri, Tr; CRMP5	
<input type="checkbox"/> Paraneoplastic, Extended: IgG vs Hu, Yo, Ri, Tr; CRMP5; Amphiphysin; Recoverin; GAD65; Zic4; Titin; SOX1	

NOTES: **Label:** Specimen tube with 2 forms of patient ID. **Methods:** ELISA unless otherwise stated, Wb = Western blot, IHC = Immunohistochemistry.
Send: 3 ml of serum from clotted blood (Red, Gold or Tiger top tube), at ambient temperature, refrigerated or frozen.

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. **Street address:** Neuromuscular Laboratory, 509 South Euclid, Room 404, St. Louis, MO 63110

Requesting Physician: Name _____ | Signature _____
 UPIN# _____ | Referring hospital: _____
 Name & Address for report and/or charges _____

 FAX number for Report (Needed for US samples) _____

BILLING: Patient; Institutional
For Patient Billing: Please send Demographic & Insurance information with Sample and Requisition form (Rev 8/5/2024 AP)