



In-Common Laboratories
Canada's Medical Lab Test Provider
www.ICLabs.ca

In-Common Laboratories BC Neuroimmunology

This area is for
BC Neuroimmunology
Laboratory use only.

tion form, when completed, constitutes a referral to In-Common Laboratories and the BC Neuroimmmunology Laboratory Inc.

| PATIENT / SPECIMEN INFORMATION | |
|---------------------------------------|--|
| LAST NAME, FIRST NAME, MIDDLE INITIAL | DATE OF BIRTH (MM/DD/YYYY) SEX M <input type="checkbox"/> F <input type="checkbox"/> |

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|--------------------------|----------|---|
| PROVINCIAL HEALTH NUMBER | PROVINCE | SPECIMEN COLLECTION DATE (MONTH/DAY/YEAR) |
|--------------------------|----------|---|

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| REQUESTING CLIENT or LABORATORY (For ICL Reports/Invoicing) | ORDERING CLINICIAN NAME |
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For test details refer to the online ICL Test Catalogue <https://iclabs.ca/test-catalogue/>

| Myasthenia Gravis | Lambert-Eaton Myasthenic Syndrome | Neuromyelitis Optica Spectrum Disorder |
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| Serum <input type="checkbox"/> Acetylcholine receptor (AChR) Ab by RIPA (ID: ACHRIPA S) <input type="checkbox"/> MSP Billable ** <input type="checkbox"/> AChR Ab <u>neg reflex</u> MuSK Ab by RIPA (ID: ACMKR S) <input type="checkbox"/> MSP Billable ** <input type="checkbox"/> MuSK Ab (Only) by RIPA (ID: MUSKRIPA S) <input type="checkbox"/> MSP Billable ** <input type="checkbox"/> (Clustered) AChR Ab by live cell-based assay (CBA) (ID: ACHRCBA S) <input type="checkbox"/> Low-density lipoprotein receptor-related protein 4 (LRP4) Ab by live cell-based assay (CBA) (ID: LRP4 S) | Serum <input type="checkbox"/> Voltage-gated calcium channel (VGCC) Antibodies by RIPA (ID: VGCCRIPA S) <input type="checkbox"/> MSP Billable ** <hr/> <input type="checkbox"/> Mosaic 6 panel (NMDAR, GABA-BR, LGI1, CASPR2, DPPX, AMPAR) <input type="radio"/> Serum (ID: AEP6 S) <input type="radio"/> CSF (ID: AEP6 CSF) | Serum <input type="checkbox"/> Aquaporin-4 (AQP4) Antibodies (ID: AQP4BC S) <input type="checkbox"/> Myelin Oligodendrocyte(MOG) Antibodies (ID:MOGBC S) <hr/> Autoimmune Encephalitis & Paraneoplastic Neurologic Syndrome Clinical Information (please fill and check all that apply): Date of illness onset: _____ Clinical Suspicion: <input type="radio"/> High <input type="radio"/> Intermediate <input type="radio"/> Low Family History of Autoimmunity: <input type="radio"/> Yes <input type="radio"/> No Neurologic/Psychiatric change: <input type="radio"/> Yes <input type="radio"/> No Seizures: <input type="radio"/> Yes <input type="radio"/> No Cancer: <input type="radio"/> Yes <input type="radio"/> No If yes, type of cancer: _____ Prodromal symptoms: <input type="radio"/> Flu-like symptoms <input type="radio"/> Diarrhea <input type="radio"/> Weight loss <input type="radio"/> Depression <input type="radio"/> Sleep disturbances <input type="radio"/> Anxiety <input type="radio"/> Mood swings Clinical Phenotype: <input type="radio"/> Encephalomyelitis <input type="radio"/> LE <input type="radio"/> OMS <input type="radio"/> Stiff-person syndrome <input type="radio"/> Sensory neuropathy <input type="radio"/> Rapidly progressive cerebellar syndrome <input type="radio"/> Morvan syndrome Immunomodulatory drugs given and response: |
| Chronic Inflammatory Demyelinating Neuropathy Serum <input type="checkbox"/> CIDP Panel – 5 Nodal & Paranodal Antibodies – NF186, NF140, NF155, CNTN1 + CASPR1 (ID: CIDPBCN S) Clinical Information (please check all that apply): <input type="radio"/> Gradual onset <input type="radio"/> Rapid onset (> 3 months) (within a month) <input type="radio"/> Sensory loss <input type="radio"/> Abnormal sensation <input type="radio"/> Loss of reflexes <input type="radio"/> Muscles atrophy <input type="radio"/> Weakness or fatigue <input type="radio"/> Burning <input type="radio"/> Pain <input type="radio"/> Difficulty swallowing <input type="radio"/> Double vision | <input type="checkbox"/> NMDAR <input type="radio"/> CSF <input type="checkbox"/> LGI1 & CASPR2 <input type="radio"/> Serum <input type="radio"/> CSF <input type="checkbox"/> AMPAR <input type="radio"/> Serum <input type="radio"/> CSF <input type="checkbox"/> GABA-B <input type="radio"/> Serum <input type="radio"/> CSF <input type="checkbox"/> DPPX <input type="radio"/> Serum <input type="radio"/> CSF <input type="checkbox"/> GAD 65 <input type="radio"/> Serum <input type="radio"/> CSF <input type="checkbox"/> IgLON 5 <input type="radio"/> Serum <input type="radio"/> CSF <input type="checkbox"/> GFAP <input type="radio"/> Serum <input type="radio"/> CSF <hr/> Paraneoplastic (Neuronal) Antibody Disease Profile <input type="radio"/> Serum (ID: PAPNBC S) | |

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| ** Provincial Billing Option Requirements The indicated tests may be billed to the Medical Services Commission of BC. This billing is not available for NS, PE and QC. For eligibility you must provide: <ul style="list-style-type: none"> • Patient first and last name, date of birth and sex • Provincial health number MuSK Ab: The patient <u>must</u> have tested AchR Ab negative within the last 18 months at BC Neuroimmunology or other lab, in which case, a copy of the results from the other lab must be attached or stated on the requisition. MuSK Ab: The MSC does <u>not</u> cover repeat testing for patients previously negative for MuSK Ab within 18 months of the collection date. Repeat testing in negative patients is not indicated. VGCC Ab: The MSC does <u>not</u> cover any repeat VGCC Ab testing; it is a once-in-a-lifetime test. | Specimen Collection & Handling Visit https://iclabs.ca/test-catalogue/ for complete details – search the online Test Catalogue using the ICL Test ID. <ul style="list-style-type: none"> • No patient preparation is required for sample collection. • Blood collection tubes: <ul style="list-style-type: none"> ○ For serum, gold-top SST ○ For plasma, K2 EDTA lavender-top • Store and send specimens frozen. • CSF: Collect at least 3-5ml (3-5cc) CSF into a sterile tube. Store and send frozen. <p style="text-align: center;">LABEL ALL SPECIMENS WITH PATIENT'S FULL NAME, DOB, AND SAMPLE COLLECTION DATE</p> |
| Privacy The personal information collected on this form and any medical data subsequently developed will be used and disclosed only as permitted or required by the <i>Personal Information Act</i> . The BC Neuroimmunology Laboratory Inc. privacy statement is available on our website (http://bcneuro.ca). Use of this form implies consent for the use of de-identified patient data and specimens for quality assurance purposes. | Shipping Delivery Address: In-Common Laboratories 57 Gervais Drive North York, ON M3C 1Z2 Telephone: 416-422-3000 x300 info@iclabs.ca |

