

## Neuroimmunology Laboratory Glasgow REQUEST FORM

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<b>CHI No:</b>		<b>Hospital:</b>		<b>Lab Number:</b> (internal use only)	
<b>Name:</b>		<b>Consultant:</b>			
<b>Address:</b>		<b>Ward:</b>			
		<b>Date:</b>	<b>Time:</b>		
<b>DOB:</b>	M    F	<b>Ref/Lab No:</b>			
<b>Clinical Details:</b>					

### In-House Assays

TEST	DESCRIPTION/REQUIREMENTS	Tick Box
<b>Anti Acetylcholine Receptor Abs (AChR)</b>	Myasthenia Gravis 1ml Serum	
<b>Anti GAD65 Abs</b> associated with Stiff Person Syndrome (Glutamic Acid Decarboxylase)	GAD 1ml Serum	
<b>Anti Ganglioside Abs</b>	GM1, GM2, GD1a, GD1b, GQ1b (IgG & IgM) 1ml Serum	
<b>Anti Myelin Associated Glycoprotein Abs (Anti MAG)</b>	1ml Serum	
<b>CSF Oligoclonal Bands</b>	1ml Serum must accompany 1ml CSF	
<b>LGI1 &amp; CASPR2 Abs</b> (Voltage Gated Potassium Channel Associated Proteins)	1ml Serum	
<b>NMDA Receptor Abs</b> (Anti Glutamate Receptor Abs)	1ml Serum or 1ml CSF	
<b>Paraneoplastic Abs (Anti Neuronal Abs)</b>	<b>Immunofluorescence Screen</b> (Hu, Yo, Ri) – 1 ml Serum	
	<b>Blot</b> (CV2, Ma2Ta, SOX1, Amphiphysin, recoverin, Titin) – 1ml Serum	

### Externally Conducted Assays (Additional Charges Apply)

TEST (1ml Serum)	Tick Box	TEST (1ml Serum)	Tick Box
<b>AMPA1&amp;2 and GABA Receptor Abs</b>		<b>Glycine Receptor Abs</b>	
<b>Aquaporin 4 Abs (NMO)</b>		<b>MUSK Abs</b>	
<b>Basal Ganglia Abs</b>		<b>MOG Abs</b>	
<b>Beta Interferon Abs</b>		<b>Striated Muscle</b>	
<b>Ganglionic ACHR Abs</b>		<b>Tysabri Abs</b> (sample MUST be delivered to the lab immediately)	
<b>Gliadin Abs</b>		<b>VEGF (Vascular Endothelial Growth Factor)</b>	
<b>Voltage Gated Calcium Channel Abs</b>			
<b>Other Tests</b> (please contact the laboratory to discuss)			

Any surplus sample may be retained for future diagnostic, quality control, teaching or research purposes as approved by the West of Scotland Research Ethics Committee unless we are instructed to destroy it.