Laboratory request form Antineuronal Antibodies

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PLEASE USE BIG CAPITAL LETTERS ONLY AND FILL OUT LEGIBLY

PATIENT: **ID-STICKER IF AVAILABLE**

NAME: ☐☐☐☐☐☐☐☐☐☐

FIRST NAME: ☐☐☐☐☐☐☐☐☐☐

Date of BIRTH: ☐☐☐☐☐☐☐☐☐☐

ZIP: ☐☐☐☐☐

City: ☐☐☐☐☐☐☐☐☐☐

Street, No.: ☐☐☐☐☐☐☐☐☐☐

SENDER: Tel. _____

Doctor: ☐☐☐☐☐☐☐☐☐☐

Clinic: ☐☐☐☐☐☐☐☐☐☐

Ward: ☐☐☐☐☐☐☐☐☐☐

ZIP: ☐☐☐☐☐

CITY: ☐☐☐☐☐☐☐☐☐☐

Street, No.: ☐☐☐☐☐☐☐☐☐☐

COUNTRY: ☐☐☐☐☐☐☐☐☐☐

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MATERIAL FOR THE INVESTIGATION

☐ **SERUM (Date of venipuncture):** _____ ☐ **CSF (Date of spinal tap):** _____

ANALYTES

☐ **Well characterized antineuronal Antibodies**
Anti-Hu, -Yo, -Ri, -Ma1/2, -CV2,- Amphiphysin
(Stept-by-step-approach: IgG-Immunoblot, IFT if necessary **)**

☐ **Neuropil-Antibodies (Neuronal surface Ab, IIFT)**
Anti-NMDAR, -GABARB1, -AMPAR1, (GLU1), -AMPAR2 (GLU2), VGKC (-CASPR2, -LGI1)

Other Antibodies

☐ **Anti-NMDAR (IFT)**
☐ **Anti-Tr (IIFT)**
☐ **Anti-Aquaporin 4 (IFT, Serum only)**
☐ **Anti-SOX1 (IgG-Immunoblot, IFT**
☐ **Anti-Titin (IgG-Immunoblot)**
☐ **Anti-Acetylcholin-Receptor (ELISA)**
☐ **Anti-Recoverin (IgG-Immunoblot)**

CLINICAL INFORMATION
(Information necessary for proper analysis!)
Neurological Syndrom

☐ **Sensitive Neuropathy**
☐ **Motoric Neuropathy**
☐ **Limbic Encephalopathy**
☐ **Cerebellar Syndrome**
☐ **Brain stem symptoms**
☐ **Myelopathy**
☐ **Optic Neuropathy**
☐ **Myasthenic Syndrom**
☐ **Paraneoplastic Retinopathy**
☐ **Other Disorders:** _____

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Tumor: ☐ confirmed ☐ suspected

Order-Nr. (Label) Order-Nr. (Label)

_____

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Request form pdf download: http://klinische-chemie.uk-koeln.de/diagnostik
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