



NEURO-IMMUNOLOGY LABORATORY REQUISITION

A Division of UBC Diagnostic Services Laboratory



Djavad Mowafaghian
CENTRE FOR BRAIN HEALTH

PATIENT INFORMATION			REFERRING PHYSICIAN INFORMATION	
Last Name:		First Name and Middle Initial:		Name of Physician:
Personal Healthcare Number (PHN):	DOB (MM/DD/YYYY):	Gender (M/F):		MSP Practitioner # (if applicable):
Address:		Telephone # (with area code):		Address:
City:	Province:	Postal Code:		Telephone #:
Bill to (choose only one): <input type="checkbox"/> Provincial Health Services (If applicable to referred test) <input type="checkbox"/> Hospital (Inpatients) <input type="checkbox"/> Patient <input type="checkbox"/> Other: _____				Facsimile #:
				Send Copy of Results to:
REQUESTING LABORATORY			SPECIMEN INFORMATION	
Facility/Institution Name:			Type of specimen: Human serum	
Address:	Telephone # (with area code):	Fax # (with area code):		Date of Collection: (MM/DD/YYYY)
City:	Province:	Postal Code:		
REFERRED TESTS (To be filled out by Referring Neurologist)				
Accredited tests covered by BC Medical Services Plan (MSP)				
Myasthenia Gravis Autoantibodies – Please fill out “CLINICAL INFORMATION” section found on Page 2 .				
<input type="checkbox"/> Acetylcholine Receptor Antibodies (AChR Ab) (P91020 or P91021) <i>with reflex</i> Muscle Specific Tyrosine Kinase Antibodies (MuSK Ab) (P91022) (Must be ordered by a neurologist)				
<input type="checkbox"/> Acetylcholine Receptor Antibodies (AChR Ab) (P91020 or P91021) <i>only</i>				
<input type="checkbox"/> Muscle Specific Tyrosine Kinase Antibodies (MuSK Ab) (P91022) <i>only</i> (Must be ordered by a neurologist)				
Lambert-Eaton Myasthenic Syndrome Autoantibody				
<input type="checkbox"/> Voltage Gated Calcium Channel Antibodies (VGCC Ab) (P91861) (Must be ordered by a neurologist)				
Multiple Sclerosis – Test can only be referred by an MS Clinic Neurologist				
<input type="checkbox"/> Neutralizing Antibodies (NABs) to Interferon-Beta (P91858) REQUIRED: Please indicate patient's current INTERFERON-BETA treatment on Page 2 of this requisition.				
REFERRING PHYSICIAN SIGNATURE				
SIGNATURE OF REFERRING PHYSICIAN			DATE (MM/DD/YYYY)	

See [Page 2](#) for the following: 1) Clinical Information for Myasthenia Gravis Autoantibodies, 2) Interferon-Beta Treatment for Neutralizing Antibodies (NABs) to Interferon-Beta, and 3) Sample collection and delivery instructions.



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(CONTINUED)

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CLINICAL INFORMATION for Myasthenia Gravis Autoantibodies

- **Diagnosis of MG (✓ only one):** Suspected Established
- **Type of MG (✓ all applicable):** Acquired Congenital Neonatal Active
 Ocular only Bulbar only Generalized Clinical Remission
- **Criteria for Diagnosis:**
 - *Clinical:* Diplopia ptosis Bulbar Sx Fatigability
 - *Electrical:* Increased jitter (SFEMG) Decrement (RNS)
 - *Pharmacological:* Tensilon[®] test positive Effect of Mestinon[®]
- **Osserman Classification (Modified):** A (Remission) 2B (Moderately severe generalized)
 1 (Ocular only) 3 (Acute severe; respirator)
 2A (Mild generalized) 4 (Chronic severe; respirator)
- **Disease duration (if applicable):** _____

INTERFERON-BETA TREATMENT for Neutralizing Antibodies (NAbs) to Interferon-Beta

Current IFN-β Treatment / Duration (MM/DD/YYYY):

Avonex from _____ to *present*
 Betaseron from _____ to *present*
 Rebif 44 from _____ to *present*
 Rebif 22 from _____ to *present*

Previous IFN-β Treatment / Duration (MM/DD/YYYY):

Avonex from _____ to _____
 Betaseron from _____ to _____
 Rebif 44 from _____ to _____
 Rebif 22 from _____ to _____

SPECIMEN COLLECTION AND DELIVERY INSTRUCTIONS:

- Please draw blood in tube(s) with SST activator enough for 2-5ml serum. Spin tube(s), pool serum, freeze, then batch for delivery on ice packs
- Packages should include labelled serum samples and completed and signed requisition forms
- Samples should be shipped in accordance to IATA, ICAO and TDG regulations
- No weekend or statutory holiday deliveries
- Deliver samples to the following address:

**UBC Diagnostic Services Laboratory
NEUROIMMUNOLOGY LAB**
 UBC Hospital, Room S-157
 2211 Wesbrook Mall
 Vancouver, BC V6T 2B5

- If you have any questions regarding sample collection/processing and shipping, please contact us by telephone at 604-822-7175 or by email at neuroimm.lab@ubc.ca.