

Health insurance		
Surname, Forename		
		Date of birth
ID no. of health insurance	Personal insurance ID no.	Status
Premises no.	Doctor no.	Date

Formtype 18

Neural antibodies

- Male Female
 Fax: _____
 Copy of report to patient
 Additional Request



Pregnant week/day W | W | D

Date of sample collection (DD/MM/YY) Time of sample collection (HH:MM)

Name and address of sender	Additional requests

Patient's data

Encephalitis Cognitive/psychiatric disorder Polyneuropathy
 Epilepsy Cerebellar degeneration Others: _____
 Sleep disorder Demyelinating diseases

Clinical data, suspected diagnosis

Date of disease onset (DD/MM/YY)

Autoimmune encephalitides / Cerebellar degeneration / Hyperexcitability syndrome (e.g. Stiff-man, neuromyotonia) / Sleep disorder

<input type="checkbox"/> S-C <input type="checkbox"/> S <input type="checkbox"/> C Serum-CSF Serum CSF	<input type="checkbox"/> Standard program with endpoint titration of antibodies against surface antigens or GAD - Neural antibodies (Hu, Ma2/Ta, Ri, Yo, SOX1, CV2, DNER/Tr, Zic4) / Amphiphysin, Recoverin, Titin (immuno-dot blot) - Indirect immunofluorescence (IIF) on mouse brain (Neuropil, onconeural antibodies, ANNA3, Purkinje cell antibodies, GAD65) - LGI1, CASPR2, NMDAR, GlyR, IgLON5, AMPAR2, GABABR, GAD65, DPPX, mGluR5 (cell-based assays) - VGKC (voltage-gated potassium channel) antibodies (RIA)
<input type="checkbox"/> S-C <input type="checkbox"/> S <input type="checkbox"/> C Serum CSF	<input type="checkbox"/> Classic onconeural antibodies and other antibodies against intracellular antigens - Neural antibodies (Hu, Ma2/Ta, Ri, Yo, SOX1, CV2, DNER/Tr, Zic4) / Amphiphysin, Recoverin, Titin (immuno-dot blot) If blot is positive or looks suspicious: - Indirect immunofluorescence (IIF) on mouse brain

Extended panel: Brain stem encephalitis	Extended panel: cerebellar degeneration
<input type="checkbox"/> S <input type="checkbox"/> GQ1b, GM1, GD1b antibodies IgG, IgM (immuno-dot blot)	<input type="checkbox"/> S <input type="checkbox"/> S-C <input type="checkbox"/> S-C <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> C VGCC (voltage-gated calcium channel) antibodies (RIA) Rare purkinje cell antibodies (IIF) mGluR1 antibodies (cell-based assay)

Anti-NMDAR encephalitis / Autoimmune post herpes encephalitis	Demyelinating diseases (e.g. NMOSD, ADEM)
<input type="checkbox"/> S-C <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> C <input type="checkbox"/> C NMDAR antibodies (cell-based assay) CXCL13 (ELISA)	<input type="checkbox"/> S <input type="checkbox"/> S-C <input type="checkbox"/> S-C <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> C Aquaporin 4 antibodies (cell-based assay) MOG antibodies (live-cell assay) NMDAR antibodies (cell-based assay)

Polyneuropathy / Immune neuropathy / neuropathic pain	Myasthenic syndromes (Myasthenia gravis, Lambert-Eaton syndrome)
<input type="checkbox"/> S <input type="checkbox"/> S <input type="checkbox"/> S <input type="checkbox"/> S <input type="checkbox"/> S <input type="checkbox"/> S GQ1b, GM1, GM2, GM3, GD1a, GD1b, GT1b antibodies IgG, IgM (immuno-dot blot) MAG antibodies IgM (IIF on peripheral nerve and monkey brain, immuno-dot blot) Classic onc. antibodies, intracell. antibodies Hu, SOX1, CV2, Amphiphysin, Ma2/Ta (immuno-dot blot) If blot is positive or looks suspicious: Indirect immunofluorescence (IIF) on mouse brain LGI1 antibodies, CASPR2 antibodies (cell-based assay)	<input type="checkbox"/> S <input type="checkbox"/> S <input type="checkbox"/> S <input type="checkbox"/> S <input type="checkbox"/> S <input type="checkbox"/> S <input type="checkbox"/> S AChR (Muscular nicotinic acetylcholine receptor) antibodies (RIA) MuSK antibodies (RIA) Titin antibodies (immuno-dot blot) VGCC (voltage-gated calcium channel) antibodies (RIA) SOX1 antibodies (immuno-dot blot)

Autonomic ganglionopathy

S
 Ganglionic nicotinic acetylcholine receptor antibodies (RIA)

Follow-up testing for known antibodies

S-C S C **Known antibodies:** _____

Order no. prev. report:
(if known) _____

Place, date, signature of sender _____

Note: The analysis of a serum-CSF pair has the highest diagnostic reliability and validity.

Please send your request to:

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