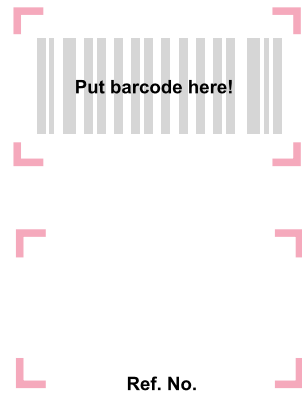


Health insurance		
Surname, First name		
		Date of birth
Health insurance ID no.	Personal insurance ID no.	Status
Business no.	Doctor's ID	Date

Formtype 18

Neural antibodies

- Male Female
 Diverse Unknown
 Fax: _____
 Patient copy
 Additional request
 Week/day of pregnancy



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

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Name and address of sender	Additional requests

Patient's data

Encephalitis Cognitive / psychiatric disorder
 Epilepsy Cerebellar syndrome
 Sleep disorder Demyelinating CNS diseases
 Polyneuropathy / immune-mediated neuropathies
 Other clinical data / suspected diagnosis:

Date of disease onset (DD/MM/YY)

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Follow-up testing to previously found antibodies

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

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Standard program (including endpoint titration of antibodies against surface antigens or GAD)

- Cell-based assay (IIF): Antibodies against LGI1, CASPR2, NMDAR, GlyR, IgLON5, AMPAR1/2, GABABR, GABAAR, GAD65, DPPX, mGluR5, mGluR1
- Immunoblot: Antibodies against: Hu, Ma2/Ta, Ri, Yo, SOX1, CV2, DNER/Tr, Zic4, Amphiphysin, Recoverin, Titin
- Tissue-based assay (IIF on mouse brain): Onconeural antibodies, antibodies against: Neuropil, ANNA3, Purkinje cells, GAD65, GFAP, Adenylate kinase 5, Neurexin 3-α

VGKC (voltage-gated potassium channel) antibodies (RIA)

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GFAP antibodies (cell-based assay, IIF on mouse brain)

Extended panel: Brainstem encephalitis	Extended panel: Cerebellar syndrome																				
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Anti-NMDAR encephalitis / Autoimmune post herpes encephalitis / Post varicella encephalitis	Demyelinating CNS diseases (e.g. NMOSD, ADEM, optic neuritis), myelitis																																										
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Polynuropathy / immune-mediated neuropathies / neuropathic pain	Myasthenic syndromes (Myasthenia gravis, Lambert-Eaton syndrome)																																																												
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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:

MVZ Labor Krone GbR | Siemensstraße 40 | 32105 Bad Salzufflen | Germany | Phone: +49 5222 8076-259 | Fax: +49 5222 8076-39259



Privacy Policy

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