



# 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:	
OHIP Number (MUST BE PROVIDED FOR TESTING):		DOB (MM/DD/YYYY):	Gender (M/F):	MSP Practitioner # (if applicable):	
Address:			Telephone # (with area code):		Address:
City:	Province:	Postal Code:			Telephone #:
					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)					
<b>Myasthenia Gravis Autoantibodies</b> – Please fill out “CLINICAL INFORMATION” section found on <a href="#">Page 2</a> .					
<input type="checkbox"/> Acetylcholine Receptor Antibodies (AChR Ab) (P91020 or P91021) <u>with reflex</u> Muscle Specific Tyrosine Kinase Antibodies (MuSK Ab) (P91022) <b>(Must be ordered by a neurologist)</b>					
<input type="checkbox"/> Acetylcholine Receptor Antibodies (AChR Ab) (P91020 or P91021) <u>only</u>					
<input type="checkbox"/> Muscle Specific Tyrosine Kinase Antibodies (MuSK Ab) (P91022) <u>only</u> <b>(Must be ordered by a neurologist)</b>					
<b>Lambert-Eaton Myasthenic Syndrome Autoantibody- Not available through LifeLabs</b>					
<input type="checkbox"/> Voltage Gated Calcium Channel Antibodies (VGCC Ab) (P91861) <b>(Must be ordered by a neurologist)</b>					
<b>Multiple Sclerosis</b> – Test can only be referred by an <b>MS Clinic Neurologist</b> - <b>Not available through LifeLabs</b>					
<input type="checkbox"/> Neutralizing Antibodies (NAbs) to Interferon-Beta (P91858) <b>REQUIRED:</b> Please indicate patient's current INTERFERON-BETA treatment on <a href="#">Page 2</a> 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.

Laboratory: (604)-822-7175  
Billing: (604)-822-7696  
Facsimile: (604)-822-0758

<http://neuroimmunology.med.ubc.ca>  
[neuroimm.lab@ubc.ca](mailto:neuroimm.lab@ubc.ca)

Version 5.0 – February 23, 2017



# NEURO-IMMUNOLOGY LABORATORY REQUISITION

(CONTINUED)

A Division of UBC Diagnostic Services Laboratory



Djavad Mowafaghian  
CENTRE FOR BRAIN HEALTH

## 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<sup>®</sup> test positive     Effect of Mestinon<sup>®</sup>
  
- **Osserman Classification (Modified):**

<input type="checkbox"/> A (Remission)	<input type="checkbox"/> 2B (Moderately severe generalized)
<input type="checkbox"/> 1 (Ocular only)	<input type="checkbox"/> 3 (Acute severe; respirator)
<input type="checkbox"/> 2A (Mild generalized)	<input type="checkbox"/> 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 labeled 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.