Patient details: Sample date:

Name: Consultant:

MRN: Requesting Clinician:

DOB: Specimen type:

Referral Location\*: Date and time sample taken:

Referral specimen no\*:

Clinical Indication:

**Please send a 5 ml Serum (red top) and 3ml of CSF directly to Immunology**, separate from Micro.

|  |  |
| --- | --- |
| **SJH Tests - Use this form to order - AIE - Serum** |  **Please tick** |
| **AIE** -Autoimmune Encephalitis Panel (NMDA, LGI1, CASPR2, AMPA, GABAb, DPPX) | **□** |
|  |  |
| **SJH Tests - Use this form to order AIE - CSF** |  **Please tick** |
| **AIECSF** -Autoimmune Encephalitis Panel (NMDA, LGI1, CASPR2, AMPA, GABAb, DPPX) on CSF | **□** |
|  **NEU** Neuronal Antibodies - (Hu, Yo, Ri, Amphiphysin, CV2, Ma-2, GAD65, Zic4) Indirect Immunofluoresence Screen  | **NEUS** |
|  |  |
|  |  |
| **Contact Immunology ext 2925 to order the following antibody tests where clinically indicated** |
| Titin, SOX-1, Recoverin - antibodies not detected on Immunofluoresence (Neu) | **Immunoblot SJH** |
|  |  |
| Glycine- Research test **Non-accredited (SJH only)** | **Referred to Oxford** |
| GABAa - Research test Oxford **Non-accredited (SJH only)** |
|  Neuronal antibodies in **CSF (SJH only)** |

* \*For external institutions it is essential that the referral hospital and specimen number are specified

Ref: *LM-IMM-0071* *LF-IMM-266 Version 02 active 08.11.23*