Immunology request form for: Autoimmune Encephalitis/Epilepsy Panel/ Neuronal panel

Patient details:

Name:

MRN:

DOB:

Referral Location*:

Referral specimen no*:

Clinical Indication:

Sample date:

Consultant:

Requesting Clinician:

Specimen type:

Date and time sample taken:

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