

NEUROMUSCULAR CLINICAL LABORATORY **Antibody & Serum Tests: Request Form**

Washington University School of Medicine - Neurology
 Campus Box 8111, Room IWJ 404
 660 South Euclid Avenue; St. Louis, MO 63110
<https://neuromuscular.wustl.edu/>

Testing Contacts

Phone: 314-362-2406
 e-mail: nmlab@wustl.edu

Billing/Financial

Phone: 314-273-2009
 e-mail: nllabbilling@wustl.edu
 Fax: 314-362-3413

Patient: Name (Last, First, Initials): _____

Age _____ | Sex _____ | Birth Date _____

Status when serum collected: ☐ Independent laboratory; ☐ Inpatient; ☐ Outpatient, ☐ Physician Office

Sample Collection Date _____ | Specimen # _____

Clinical diagnosis: _____

ANTIBODY TESTS & INTERPRETATIONS REQUESTED

Syndrome Panels	Individual Antibody & Antigen Tests
☐ Motor Neuropathy: Neurofilament Light Chain (NfL) (Serum) IgM vs: GA1, NP-9, GD1b, NS6S, MAG, HH3, GD1a IgM & IgG vs: GM1, GalNAc-GD1a	Motor ☐ GM1 - IgM ^a ☐ GA1 - IgM ^b ☐ GalNAc-GD1a - IgG ^c ☐ GM1 - IgG ^c ☐ GD1a - IgM ^b ☐ GalNAc-GD1a - IgM ^a ☐ GD1b - IgM ^b ☐ NP9 - IgM ^e ☐ NS-6S - IgM ^a
☐ Sensory (± Motor) Neuropathy: IgM vs: MAG, GD1b, HH3, Sulfatide, GD1a, TS-HDS; IgG vs: FGFR3, Sulfatide & GM1	Sensory ☐ FGFR3 - IgG ^c ☐ MAG - IgM ^b (± Wb) ☐ Sulfatide - IgM & IgG ^{b,d} ☐ TS-HDS - IgM ^a ☐ Plexin D1 - IgG (Wb) ☐ GM2 - IgM ^b ☐ GALOP - IgM ^e
☐ Peripheral Neuropathy: Sensory (± Motor) Neuropathy + IgM vs GM1, GA1, GalNAc-GD1a + Neurofilament Light Chain (NfL) (Serum)	Demyelinating ☐ MAG - IgM ^b (± Wb) ☐ Neurofascin 140, 155, & 186 (IgG ± IgG ₄ & IgM) (Wb) ☐ SGPG - IgM ^a ☐ Contactin-1 (IgG ± IgG ₄) (Wb) ☐ Caspr-1 (IgG) (Wb) ☐ β-Tubulin - IgM & IgG ^{b,d}
☐ Sensory Neuropathy/Neuronopathy Sensory (± Motor) Neuropathy + IgG vs: Hu & CRMP-5 Neurofilament Light Chain (NfL) (Serum)	Acute ☐ GD1b - IgG ^c ☐ GT1a - IgG ^c ☐ Heparan-SO ₄ - IgM ^a ☐ GQ1b - IgG ^c ☐ GM1 - IgG ^c
☐ Small Fiber Neuropathy IgM vs TSHDS ^a , Sulfatide; IgG vs FGFR3 ^c , Plexin D1	Myopathy ☐ HMGCRCR - IgG ^c ☐ MDA5 - IgG (Wb) ☐ NT5C1A - IgG (Wb) ☐ Jo-1 - IgG (Wb) ☐ SRP54 - IgG (Wb) ☐ U1-RNP - IgG (Wb)
☐ Demyelinating Neuropathy: IgG vs Contactin-1, Caspr-1, GM1 IgM & IgG vs: β-Tubulin; Neurofascins 140, 155, 186 IgM vs: MAG, GM1, GalNAc-GD1a, Hep-SO ₄ , HH3, GD1b, GD1a	☐ Myositis (Wb) - IgG : Jo1; PL-7 & 12; EJ; OJ; MDA5; U1-RNP Mi-2α; Mi-2β; Tif1γ; NXP2; SAE1; Ku; PM-Scl 75 & 100; SRP; Ro-52
☐ Acute Neuropathy: IgM vs Heparan-SO ₄ , GD1a, HH3 IgG vs: GQ1b, Sulfatide, Contactin-1, Caspr-1 IgM & IgG vs: GM1; β-Tubulin; GalNAc-GD1a; GD1b; Neurofascins 140, 155, 186 Neurofilament Light Chain (NfL) (Serum)	Myasthenia ☐ MuSK - IgG (Cell based assay) ☐ Titin (MGT-30) - IgG (Wb)
☐ Myopathy 2: IgM vs Decorin, HH3, GD1a IgG vs HMGCRCR, NT5C1A, MGT-30; Sulfatide Myositis Wb - IgG : Jo1; PL-7 & 12; EJ; OJ; MDA5; Ku; Titin Mi-2α; Mi-2β; Tif1γ; NXP2; SAE; PM-Scl 75 & 100; SRP; Ro-52	Paraneoplastic + ☐ Hu - IgG (Wb ± IHC) ☐ Ri - IgG (Wb ± IHC) ☐ Tr - IgG (Wb ± IHC) ☐ Yo - IgG (Wb ± IHC) ☐ CRMP5 - IgG (Wb ± IHC) ☐ Glutamic acid decarboxylase (GAD65) - IgG (Wb) ☐ Lysoganglioside-GM1 - IgG ^c
☐ Myopathy 2, Extended: Myopathy 2 + IgG vs U1-RNP (Wb); MuSK (Cell based assay)	Biomarkers ☐ Neurofilament Light Chain (NfL) (Serum) ☐ Neurofilament Heavy Chain, phosphorylated (pNfH) (CSF only)
☐ Paraneoplastic: IgG vs Hu; Yo; Ri; Tr; CRMP5	Additional Antibodies Reported ^a HH3 & GD1a; ^b HH3; ^c Sulfatide; ^d GM1; ^e GD1a
☐ Paraneoplastic, Extended: IgG vs Hu; Yo; Ri; Tr; CRMP5; Amphiphysin; Recoverin; GAD65; Zic4; Titin; SOX1	

NOTES: **Label:** Specimen tube with 2 forms of patient ID. **Methods:** ELISA unless otherwise stated, Wb = Western blot, IHC = Immunohistochemistry.
Send: 3 ml of serum from clotted blood (Red, Gold or Tiger top tube), at ambient temperature, refrigerated or frozen.

All ELISA antibody testing in our laboratory includes the specific antibody requested, and additional antibody testing that is subtracted from other results to obtain levels of specific antibody binding. Additional antibodies include IgM binding to histone H3 and/or GD1a ganglioside and IgG binding to sulfatide and/or GM1 ganglioside. The values of the additional antibody titers are listed on the report. Interpretations are provided for all antibody tests.

Street address: Neuromuscular Laboratory, 509 South Euclid, Room 404, St. Louis, MO 63110

Requesting Physician: Name _____ | Signature _____

UPIN# _____ | Referring hospital: _____

Name & Address for report and/or charges _____

FAX number for Report (Needed for US samples) _____

BILLING: ☐ Patient; ☐ Institutional

For Patient Billing: Please send Demographic & Insurance information with Sample and Requisition form (Rev 7/16/2025 AP)