

<b>Send to</b> Wieslab AB, Lundavägen 151 212 24 Malmö, Sweden	<b>Contact</b> <a href="mailto:diagnostic.services@svarlifescience.com">diagnostic.services@svarlifescience.com</a> T +46 (0)40 - 53 76 60 F +46 (0)40 - 43 28 90
<b>Requesting doctor/ clinic - Postal address for test result report</b>	<b>Patient data (Full name, Birth date, Identity number)</b>
<b>Invoice address (if other than above)</b> Only doctors, laboratories and hospital administration can be invoiced	<b>Sample material</b> Serum    CSF    EDTA-Plasma    Whole blood    Sample date _____
<b>Requesting Doctor (Name, Telephone, Email)</b>	<b>Specimen collection information</b> <b>Serum:</b> Blood should be collected in plain tubes (serum tubes) without anticoagulant or other supplements. Centrifuge at ambient temperature and separate serum into plain tubes. 3 mL serum (7 mL blood) will be enough for approximately 15 tests. <b>CSF:</b> Always use polypropylene tubes for collecting, centrifuging and transportation. Samples should be centrifuged before transportation. 3 mL CSF will be enough for approximately 10 autoantibody tests. Aliquot as instructed under the test panels. Wieslab recommends as a first hand approach to start testing in serum with a few exceptions – more information is given under the test panels. Samples should be kept cold until transport. Transport samples for autoantibodies and genetic tests at room temperature. Biomarkers can only be tested in CSF and samples should be transported frozen.
<b>Cost Center:</b> _____	The healthcare provider submitting the sample(s) with this request form hereby confirms that the patient (or the patient's guardian or trustee, if applicable) has been informed that the samples may be retained by Wieslab AB for a period of up to 5 years for the purpose of conducting further analyses in order to make a diagnosis, and that Wieslab AB intends to retain samples for a period of up to 5 years for the purpose of the Svar Life Science AB/Wieslab AB's future development of analysis methods and its business activities.  No, the patient does not give her/his consent to save the sample. .  The patient is currently unable to give his or her consent in relation to retention of the sample(s).
<b>Comment (Request, Patient history etc)</b>	

Select test package, on suspicion of:

Individual tests on the reverse side →

<b>Acute testing</b> <b>Acute autoimmune encephalitis</b> 556 Antibodies against AMPAR1/2, CASPR2, DPPX, GABA B R, LGI-1, NMDA receptor <b>Acute paraneoplastic syndrome, cerebellar degeneration and cerebellar ataxia</b> 557 Antibodies against Amphiphysin, CV2/CRMP5, Hu, Ma, Ri, Yo, GAD <i>Analysed in serum and CSF.* (At least 3 mL CSF is needed)</i> If the sample arrives before 10:00 am on a weekday, the tests are performed and reported on the same day. If the sample arrives later than 10:00 am on a weekday it is analysed the next workday. <b>Telephone number</b> or email for reporting of test result: _____	<b>Inflammatory neuropathy (Guillain-Barré)</b> 534 Antibodies against gangliosides (GM1, GM2, GD1a, GD1b, GQ1b IgG/IgM), MAG and Sulphatide IgM <i>Serum is recommended as a first hand approach (also available in CSF).</i> <b>CIDP, Chronic Inflammatory Demyelinating Polyneuropathy</b> 537 Antibodies against Contactin-1 (CNTN1) and Neurofascin-155 (NF155) <i>Only analysed in serum.</i> <b>Inflammatory axonal sensory neuropathy</b> 047 Antibodies against FGFR3 ( <i>Fibroblast growth factor receptor 3</i> ) <i>Analysed in serum.</i>
553 <b>Autoimmune encephalitis / follow-up on acute test no. 557</b> Antibodies against AMPAR1/2, CASPR2, DPPX, GABA B R, LGI1, NMDA receptor, VGKC <i>Analysed in serum and CSF.*</i> 554 <b>Paraneoplastic syndrome, cerebellar degeneration and cerebellar ataxia / follow-up on acute test no. 556</b> Antibodies against Amphiphysin, CV2/CRMP5, GAD, Hu, Ma, Recoverin, Ri, SOX1, Titin, Tr, Yo, Zic4 <i>Analysed in serum and CSF.* (At least 3 mL CSF is needed)</i> 560 <b>Autoimmune encephalitis, paraneoplastic syndrome, cerebellar degeneration and cerebellar ataxia</b> Antibodies against AMPAR1/2, CASPR2, DPPX, GABA B R, LGI1, NMDA receptor, VGKC, Amphiphysin, CV2/CRMP5, GAD, Hu, Ma, Recoverin, Ri, SOX1 Titin, Tr, Yo, Zic4 <i>Analysed in serum and CSF.*</i> 562 <b>Extended test panel for neuronal antibodies (autoimmune encephalitis, paraneoplastic syndrome, cerebellar degeneration and cerebellar ataxia)</b> Antibodies against ANNA 3, CARP VIII, Glycine receptor, HOMER3, IgLON5, ITPR1, PCA 2, VGCC <i>Analysed in serum and CSF.*</i> 574 <b>Hodgkin's lymphoma with paraneoplastic cerebellar ataxia or limbic encephalitis (Ofelia's syndrome)</b> Antibodies against MGLur1 and MGLur5 <i>Analysed in serum.</i>	<b>Lambert Eaton Myasthenic Syndrome (LEMS)</b> 563 Antibodies against Acetylcholine receptor, Amphiphysin, GAD, Hu, Ri, SOX 1, VGCC <i>Analysed in serum and CSF.*</i> <b>Myasthenia gravis</b> 543 Antibodies against Acetylcholine (anti-AChR) and striated muscle. Positive anti-AChR is supplemented with anti-Titin. Negative anti-AChR is supplemented with anti-MuSK. <i>Only analysed in serum.</i> <b>Supplementary analysis for Myasthenia gravis</b> 958 Antibodies against Lrp4 (lipoprotein receptor-related protein-4) <i>Only analysed in serum.</i>
565 <b>Neuromyelitis optica spectrum disorder (NMOSD)</b> Antibodies against Aquaporin 4, MOG <i>Analysed in serum and CSF.*</i> 549 <b>Supplementary analysis of biomarker for suspected NMOSD</b> Neurofilament light protein (NFL), Glial fibrillary acidic protein (GFAP) <i>Only analysed in CSF. The CSF sample should be sent frozen divided in 2 polypropylene tubes with a minimum of 0.5 mL i each tube.</i>	<b>Stiff person syndrom/PERM</b> 568 Antibodies against Amphiphysin, GAD, Glycine receptor <i>Analysed in serum and CSF. Serum is recommended as a first hand approach. CSF may be used if serum test gives a negative result.</i> <b>Inflammatory Myopathy (Myositis)</b> 551 ANA screen, ENA screen Antibodies against HMGCR, cN-1A, Mi-2α, Mi-2β, TIF1γ, MDA5, NXP2, SAE1, Ku, PM-Scl100, PM-Scl75, Jo-1, SRP, PL-7, PL-12, EJ, OJ och Ro-52 <i>Only analysed in serum.</i>
558 <b>Narcolepsy</b> Orexin/Hypocretin (CSF), HLA-DQB1*0602 (2.5 mL whole blood), and antibodies against Trib2 (serum only). <i>Note: Three different sample materials must be sent and a form for "Declaration of consent for human genetic analyses" needs to be signed and enclosed. (see: <a href="http://www.svarlifescience.com/services/request-form">www.svarlifescience.com/services/request-form</a>)</i>	<b>Alzheimers disease</b> 567 Tau, Fosfo-Tau, Beta-Amyloid <i>Only analysed in CSF.</i> <i>Send frozen sample split into 3 polypropylene tubes with minimum 0.5 mL in each.</i> <b>CNS -Parenchymal damage</b> 566 Neurofilament light protein (NFL), Glial fibrillary acidic protein (GFAP), Tau <i>Only analysed in CSF. With Anoxic brain injury the sample must be taken 7 days after the injury occurred. The CSF sample should be sent frozen divided in 3 polypropylene tubes with a minimum of 0.5 mL i each tube.</i> <b>Progressive ALS (amyotrophic lateral sclerosis)</b> 119 Neurofilament heavy protein (p-NfH) <i>Only analysed in CSF (sent frozen).</i> <b>Neuroborrelios</b> 988 CXCL13 <i>Only analysed in CSF.</i>
* Serum is recommended as a first hand approach. CSF may be used if serum test gives a negative result. Anti-NMDA receptor antibodies and anti Aquaporin 4 antibodies can in rare cases only be detected in CSF.	<b>Paraneoplastic retinopathy syndrome (MAR, CAR)</b> 569 Antibodies against Alpha-Enolase, Recoverin <i>Only analysed in serum.</i>

## Mark for test

**AUTO-ANTIBODIES**

Most of the auto-antibodies can be analysed in serum and CSF. Serum is recommended as a first hand approach. CSF may be used if serum test gives a negative result. Some auto-antibodies such as anti-NMDA receptor and anti-Aquaporin 4 can in rare cases only be detected in CSF.

**Autoimmune encephalitis/Paraneoplastic neurological syndromes**

772	AMPA receptor 1 & 2 (GluR1 & 2)
730	Amphiphysin 1
874	ANNA-3
854	CARP VIII
835	CASPR2
870	CV2/CRMP-5
851	DPPX
877	GABA-B-R
089	GAD (Glutamat dekarboxylas) - Serum (ELISA), CSF (IIF/Blot)
838	Glycine receptor (GlyR)
855	HOMER3
220	Hu (ANNA-1)
852	IgLON5
856	ITPR1
833	LGI-1
790	Ma (Ma-1, Ma-2/Ta)
117	MGlur1 (metabotropic glutamate receptor 1)
118	MGlur5 (metabotropic glutamate receptor 5)
875	NMDA receptor
761	Purkinje cells - PCA-2
760	Purkinje cells - Tr
740	Purkinje cells - Yo (PCA-1)
750	Ri (Nova 1, ANNA-2)
839	Ryanodine receptor ( <i>only analysed in serum</i> )
737	SOX1 (anti-glia nuclear antibody) ( <i>only analysed in serum</i> )
965	Titin
845	Voltage-gated calcium channel (VGCC)
831	Voltage gated potassium channels (VGKC)
742	Zic4

**Myopathies (myositis)**

020	ANA screen on HEp-2 cells: Positive ANA, homogenous and speckled ANA staining, is supplemented by: ANA titration, ENA screen, dsDNA and anti-histones (homogenous ANA staining)
141	cN-1A, Cytosolic 5'-nucleotidase 1A, (Mup44, NT5c1A)
024	ENA screen (nRNP/Sm, Sm, SS-A/Ro-52, SS-B, Scl-70, Jo-1)
485	HMGCR (HMG-CoA reductase)
481	KS (Asparaginyl-tRNA-Synthetase)

548	Myopathy (Myositis) screen (Mi-2 $\alpha$ , Mi-2 $\beta$ , TIF1 $\gamma$ , MDA5, NXP2, SAE1, Ku, PM-Scl100, PM-Scl75, Jo-1, SRP, PL-7, PL-12, EJ, OJ, Ro-52) ( <i>only analysed in serum</i> )
710	PM/Scl (p100)
450	RNA polymeras

**Narcolepsy**

970	Trib2 ( <i>only analysed in serum</i> )
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**Neuropathies**

601	Contactin-1 antibodies (CNTN1)
047	FGFR3 (fibroblast growth factor receptor 3)
546	Gangliosides (IgG+IgM): GM1, GM2, GD1a, GD1b, GQ1b
093	Myelin associated glycoprotein (MAG)
602	Neurofascin-155 antibodies (NF155)
355	Sulphatide IgM

**Neuromyelitis optica spectrum disease (NMOSD)**

873	Aquaporin 1 ( <i>only analysed in serum</i> )
880	Aquaporin 4
884	Myelin oligodendrocyt glykoprotein (MOG)

**Myastenia Gravis and other myastenic syndromes**

079	Acetylcholine receptor (AChR) ( <i>only analysed in serum</i> )
959	Ganglionic acetylcholine receptor ( <i>only analysed in serum</i> )
845	Voltage-gated calcium channel (VGCC)
958	Lrp4 (lipoprotein receptor-related protein-4) ( <i>only analysed in serum</i> )
960	MuSK ( <i>only analysed in serum</i> )
839	Ryanodine receptor ( <i>only analysed in serum</i> )
085	Striated muscle ( <i>only analysed in serum</i> )
965	Titin

**Paraneoplastic retinopathy syndromes**

837	alfa-Enolase ( <i>only analysed in serum</i> )
736	Recoverin

**Stiff Person/PERM**

730	Amphiphysin 1
089	Glutamic Acid Decarboxylase (GAD, GAD-65)
838	Glycine receptor (GlyR)

**BIOMARKER PROTEINS**

Is only analysed in CSF. Samples should be shipped frozen aliquoted in polypropylene tubes with a minimum of 0.5 mL in each tube.

992	beta-Amyloid
988	CXCL13
991	Phospho-Tau
993	Glial fibrillary acidic protein (GFAP)
989	Hypocretin/Orexin ( <i>can be sent cold, not frozen</i> )
119	Neurofilament heavy protein (p-NfH)
994	Neurofilament light protein (NFL)
995	S-100 (CsV)
990	Tau
857	14-3-3 analysed in CSF for Creutzfeldt Jakob disease

**GENETIC TESTS**

291	HLA-DQB1*0602 at suspicion of narcolepsy (2,5 mL whole blood) <i>Note: A form for "Declaration of consent for human genetic analyses" needs to be signed and enclosed (see <a href="http://www.svarlifescience.com/services/request-form">www.svarlifescience.com/services/request-form</a>).</i>
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If the analysis or test requested cannot be found on the Request Form, please contact us by sending an email to [diagnostic.services@svarlifescience.com](mailto:diagnostic.services@svarlifescience.com).

Information about tests, sampling instructions as well as Terms and Conditions are available on [www.svarlifescience.com/services/wieslab-diagnostic-services](http://www.svarlifescience.com/services/wieslab-diagnostic-services)

The latest version of the request forms are always available for download on our website.

For tests related Autoimmune Diagnostics and Therapeutic Drug Monitoring please use respective request form.

**Orders/Requests**

Please send Request Forms:  Autoimmune Diagnostics  Neuroimmunology  Therapeutic Drug Monitoring  
 Overview of autoimmune neurology testing