### Myasthenia Gravis
- Muscle (nicotinic) acetylcholine receptor (AChR) abs

### AChR negative Myasthenia Gravis
- Clustered acetylcholine receptor abs
- LRP4 abs
- MUSK abs

### Lambert-Eaton Myasthenic syndrome
- Voltage gated Ca\(^{2+}\) channel abs

### Neuromyelitis Optica Spectrum Disorder (NMOSD)
- Aquaporin 4 abs
- MOG abs

### Neurochemistry
- Oligoclonal IgG bands (CSF and serum required)*

#### * Please provide CSF protein result if available

| CSF Protein | ............................................ g/l |

### Other tests - please specify

#### Stiff-person syndrome
- Glutamic acid decarboxylase abs (ELISA)
- Glicine receptor abs - SPS/PERM

---

**Myasthenia Gravis**
- Autoimmune encephalitis screen – transfected cell based assay
  - NMDAR, AMPA1, AMPA2, LGI1, CASPR2 & GABA receptor B1 abs

**Neuromyelitis Optica Spectrum Disorder (NMOSD)**
- Aquaporin 4 abs
- MOG abs

**Neurochemistry**
- Oligoclonal IgG bands (CSF and serum required)*

#### * Please provide CSF protein result if available

| CSF Protein | ............................................ g/l |

### Other tests - please specify

- Stiff-person syndrome
  - Glutamic acid decarboxylase abs (ELISA)
  - Glicine receptor abs - SPS/PERM

---

**Myasthenia Gravis**
- Autoimmune encephalitis screen – transfected cell based assay
  - NMDAR, AMPA1, AMPA2, LGI1, CASPR2 & GABA receptor B1 abs

**Neuromyelitis Optica Spectrum Disorder (NMOSD)**
- Aquaporin 4 abs
- MOG abs

**Neurochemistry**
- Oligoclonal IgG bands (CSF and serum required)*

#### * Please provide CSF protein result if available

| CSF Protein | ............................................ g/l |

### Other tests - please specify

- Stiff-person syndrome
  - Glutamic acid decarboxylase abs (ELISA)
  - Glicine receptor abs - SPS/PERM
HOW TO COMPLETE THIS FORM

PLEASE ENSURE ALL DEMOGRAPHIC DETAILS ARE SUPPLIED AND BOXES FOR REQUIRED TESTS ARE TICKED.
SAMPLES MUST BE LABELLED WITH FULL NAME, HOSPITAL/NHS NUMBER AND/OR D.O.B/OTHER UNIQUE IDENTIFIER.
REQUEST FORMS MUST ALSO INCLUDE DATE/TIME SAMPLE TAKEN, GENDER, DESTINATION FOR REPORT, NAME OF REQUESTING CLINICIAN, PHLEBOTOMISTS NAME AND SIGNATURE.

THE COLOUR OF THE BOX ADJACENT TO THE TEST INDICATES THE COLOUR OF THE VACUTAINER TOP.
ALL HIGH RISK SPECIMENS, AND ACCOMPANYING FORMS, MUST BE CLEARLY LABELLED AS SUCH.
REFEER TO THE SAMPLE REQUIREMENTS BELOW OR PHONE FOR ADVICE (0121 414 4069).

PLEASE CALL THE LAB TO ARRANGE URGENT TESTS

SPECIMEN COLLECTION

CSF 1ml in plain tube (Screw top if possible)
  * Please provide CSF protein result if available.

Oligoclonal banding A blood sample must be sent with the CSF to determine intrathecal IgG synthesis

Tau Protein CSF suspected fluid

KEY - Sample tubes to use
- Red top tube - clotted sample
- Plain screw top container for CSF samples/unknown fluid
- Red top tube - clotted sample and/or plain screw top tube for CSF