Immunology request form for: Autoimmune Encephalitis/Epilepsy Panel



Patient details:	Request date:	Date received:
Name:		Consultant:
MRN:		Requesting Clinician:
DOB:		Specimen type:
Location:		Date and time sample taken:
Clinical Indication:		

Please send 2 bottles of 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	
Please order these tests on EPR - SJH	EPR CODE
Oligoclonal bands - Serum and CSF sample required	XPAT
NMDA serum	NMDA
NMDA CSF	NMDA
ТРО	TPO
GAD	GAD
NEU Neuronal Antibodies - (Hu, Yo, Ri, Amphiphysin, CV2, Ma-2, GAD65, Zic4) Indirect Immunofluoresence Screen	NEU

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 GABAa - Research test Oxford Non-accredited	Referred to Oxford	