AUTOIMMUNE REQUEST FORM

Autoimmune Unit, Allergy & Immunology Research Centre (AIRC)
Institute For Medical Research (IMR)
National Institute of Health (NIH)
Seksyen U13 Setia Alam, 40170 Shah Alam, Selangor
Contact No : 03 3362 8381
Email : autoimununit@moh.gov.my

	Free
	Paid

Resit No.:

1. Name:	2. R/N :
3. I/C No.:	4. Ward/Clinic:
5. Age: Race:	6. Hospital:
7. Gender: ☐ Male ☐ Female	8. Specimen type: ☐ Serum ☐ CSF
9. A) Clinical history:	B) Diagnosis:

10. Test Required : (Please tick **ONLY ONE** appropriate test / required)

No	Test Name	Please Tick
1.	Anti-Acetylcholine Receptor Antibody (**ACHR**)	
2.	Anti-Aquaporin 4 (**AQ4**)	
3.	Anti-Glomerular Basement Membrane (**GBM**)	
4.	**Anti - Ganglioside Antibodies** (**GA**) Panel Anti-GM1, Anti-GM2, Anti-GM3, Anti-GM4, Anti-GD1a, Anti-GD1b, Anti-GD2, Anti-GD3, Anti-GT 1a, Anti-GT 1b, Anti--GQ1b)	
5.	Anti- Myelin oligodendrocyte glycoprotein (**MOG**) Antibody	
6.	Anti-Muscle-Specific Kinase (**MuSK**) Antibody	
7.	Anti-N-Methyl-D-Aspartate Receptor (**NMDAR**)	
8.	**Coeliac Antibodies** Panel Anti-Endomysium, Anti-Deamidated Gliadin Peptide, Anti-Tissue Transglutaminase	

No	Test Name	Please Tick
9.	**Cytokine Test** Panel: IL-1b, IL-6, IL-8 & TNF-a *(By appointment only)*	
10.	Phospholipase A_2 Receptor antibody (**PLA2R**)	
11.	**Skin Antibodies** Panel Anti-BP 180, Anti BP-230, Anti-Desmoglein 1 & Anti-Desmoglein 3	
12.	**Paraneoplastic Neurological Syndrome** (**PNS**) Panel: Anti-Tr (DNER), Anti-GAD65, Anti-Zic4, Anti-Titin, Anti-SOX1, Anti-Recoverin, Anti-Amphiphysin, Anti-Ma2/Ta, Anti-Yo, Anti-Ri, Anti-Hu, Anti-CV2	
13.	**Specific Liver Antibodies** (**SLA**) Panel Anti-AMA-M2, M2 3E/BPO, Sp100, PML, gp210, LKM1, LC-1, SLA/LP, Ro-52. **COMPULSORY** to specify the tissue antibody results (please tick in the box below):	

Test	Detected	Not Detected
AMA		
ASMA		
LKM		

IMPORTANT NOTICE: To ensure correct and reliable results are given, please fill up the entire form and the following must be followed:

1. ***3 - 5 ml of blood in a plain tube or gel tube is required for each test (Please send one tube and a request form for each test).***
2. ***Separate plasma/serum from RBC immediately. Grossly hemolysed samples will be rejected.***
3. ***All samples (serum/ CSF) must be kept and transported at a cool temperature, 2-8 ºC (transport in ICE to IMR).***
4. ***Please enclose the screening test results along with this form for test No. 13 (SLA).***

11. Specimen Collected Date: ☐☐☐☐☐☐ Time: ☐☐☐☐

12. Applicant's name:.....

13. Date: ....
Signature & Stamp