



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: <input type="text"/>	Race: <input type="text"/>
6. Hospital:	6. Hospital:
7. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	8. Specimen type: <input type="checkbox"/> Serum <input type="checkbox"/> 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 <i>(By appointment only)</i>													
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):													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Test</th> <th style="width: 35%;">Detected</th> <th style="width: 35%;">Not Detected</th> </tr> </thead> <tbody> <tr> <td>AMA</td> <td></td> <td></td> </tr> <tr> <td>ASMA</td> <td></td> <td></td> </tr> <tr> <td>LKM</td> <td></td> <td></td> </tr> </tbody> </table>		Test	Detected	Not Detected	AMA			ASMA			LKM			
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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 °C (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: <input type="text"/>	Time: <input type="text"/>	
12. Applicant's name:.....			
13. Date:			
Signature & Stamp			