Please return competed form to: simon.rinaldi@nhs.net

Request Form for Paranodal / Nodal Antibody Testing

Referring Physician:

Centre:       Department: 

City (Country):

Patient name:       DOB:       Gender:

Hospital ID:

Date of sample extraction:       Date sent:

**Tests requested:**

Nodal /paranodal panel   
(recommended initial screen, includes all 4 tests below)

OR specific antigen(s)

Neurofascin-155  Contactin-1  CASPR1

Neurofascin-140/186

Email address to receive results:

**Please note:** For certain patients, we may contact you regarding the possibility of their entry into our observational cohort study. Following informed consent, this would involve the collection of follow-up clinical data and additional bio-samples. For all others, after receipt of this data, and once the diagnosis is confirmed following the completion of clinical testing, excess sample will be moved into a fully anonymised diagnostic archive, unless we are made aware that your patient objects to such use.

**Clinical Data**

Date of neuropathy onset:       Age at diagnosis:

Prodromal illness/trigger (please specify):

Start date for prodrome/trigger:

Initial diagnosis

GBS  Typical CIDP  MMN

Atypical CIDP / Other (specify):

Current diagnosis

GBS  CIDP  MMN

Atypical CIDP / Other (specify):

**If the current diagnosis is GBS, CIDP, or MMN please answer the following (tick all that apply):**

Clinical course

Relapsing-remitting  Progressive  Monophasic

Onset / progression

Acute (<4 weeks)  Subacute (4-8 weeks)  Chronic (>8 weeks)

Weakness (Yes/No) (Tick all that apply)

Arms  Legs

Proximal  Distal  Proximal  Distal

Asymmetric  Symmetric  Asymmetric  Symmetric

Sensory deficit (Tick all that apply)

Arms  Legs

Vibration  Pinprick  JPS  Vibration  Pinprick  JPS

Ataxia  Tremor  Neuropathic pain  /10 Severity (1-10)

Reflexes

Absent  Decreased  Normal  Brisk

Cranial nerve involvement (specify)

Autonomic involvement (please specify)

Respiratory involvement  Current  Previous  None

Evidence of  Proteinuria (level:      )  Oedema  Not assessed  
nephrotic syndrome  Hypoalbuminaemia (nadir level:       g/L)  None

Severity

Modified Rankin score (at nadir): 1  2  3  4  5  6

**Investigations**

CSF (at diagnosis) Date:

Protein :       g/L WCC:       RCC:

OCBs:  Other:

Neurophysiology

Overall impression:  Demyelinating  Axonal  Mixed Other (specify)

Motor involvement (describe core features):

Sensory involvement (describe core features):

Other Antibodies

Gangliosides  Positive  Negative  Not done

Anti-MAG  Positive  Negative  Not done

Paraprotein  Positive  Negative  Not done

IgG  IgM  IgA  Kappa  Lambda

Level:       g/L

Imaging

MRI lumbar roots  Abnormal  Normal  Not done

Specify:

**Treatment and Outcome Response**

**Trialled** Good Partial None Worse

**IVIg** Yes  No

**Steroids**  Yes  No

**Plasma Ex.** Yes  No

**Other** (specify)      

**Other** (specify)      

**Current Disease Activity**

1.Cure: ≥5 years off treatment

A. Normal examination

B. Abnormal examination, stable/improving

2. Remission: <5 years off treatment

A. Normal examination

B. Abnormal examination, stable/improving

3. Stable active disease: ≥1 year, on treatment

A. Normal examination

B. Abnormal examination, stable/improving

4. Improvement: ≥3 months <1 year, on Treatment

A. Normal examination

B. Abnormal examination, stable/improving

5. Unstable active disease: abnormal examination with progressive or relapsing course\*

A. Treatment naïve or <3 months

B. Off treatment

C. On treatment

Modified Rankin score (at best post treatment):  
0  1  2  3  4  5  6

Any additional, or more detailed information, that you feel is relevant would be gratefully received

**Thank you**

Modified Rankin Score (mRS):

|  |  |  |
| --- | --- | --- |
| 0 | No symptoms. |  |
| 1 | No significant disability. Able to carry out all usual activities, despite some symptoms. |  |
| 2 | Slight disability. Able to look after own affairs without assistance, but unable to carry out all previous activities. |  |
| 3 | Moderate disability. Requires some help, but able to walk unassisted. |  |
| 4 | Moderately severe disability. Unable to attend to own bodily needs without assistance, and unable to walk unassisted. |  |
| 5 | Severe disability. Requires constant nursing care and attention, bedridden, incontinent. |  |
| 6 | Dead. |  |