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:**

[x]  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

[ ]  Proximal

[ ]  Distal

[ ]  Asymmetric

[ ]  Symmetric

[ ]  Legs

[ ]  Proximal

[ ]  Distal

[ ]  Asymmetric

[ ]  Symmetric

Sensory deficit (Tick all that apply)

[ ]  Arms

[ ]  Vibration

[ ]  Pinprick

[ ]  JPS

[ ]  Legs

[ ]  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 nephrotic syndrome

[ ]  Proteinuria (level:      ) [ ]  Oedema [ ]  Not assessed

[ ]  Hypoalbuminaemia (nadir level:       g/L) [ ]  None

Severity

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

Modified Rankin score (at best post treatment):

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

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. |  |