



Neuroimmunology Request Form

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สถาบันประสาทวิทยา

ชื่อ - นามสกุล.....อายุ.		ชนิดสิ่งส่งตรวจ (Specimens type)
Name-Surname		
Age		<input type="checkbox"/> Serum จำนวน.....
.....		<input type="checkbox"/> CSF จำนวน.....
HN.	เพศ : <input type="checkbox"/> ชาย <input type="checkbox"/> หญิง	ระบุแพทย์ผู้ส่งตรวจ :
AN.	Sex: Male Female	
Brief history and neurological examination:		
Autoimmune Neurological Antibody profile		
<input type="checkbox"/> Autoimmune encephalopathy, basal ganglion and diencephalic dysfunction [anti-NMDAR, anti-VGKC (Lgi1, Caspr2), anti-GABA _B R, anti-GAD, anti-AMPA, anti-DPPX, ANNA1, ANNA2, ANNA3, anti-CRMP5, anti-amphiphysin, anti-Ma2, anti-SOX1] other..... (please contact)		
<input type="checkbox"/> 80039 (Serum) <input type="checkbox"/> 80045 (CSF)		
<input type="checkbox"/> Autoimmune cerebellar degeneration, cranial nerve, spinal cord, peripheral nerve dysfunction [PCA-1(anti-Yo), PCA-2, PCA-Tr, ANNA1, ANNA2, ANNA3, anti-SOX, anti-GAD, anti-CRMP5] other.....(please contact)		
<input type="checkbox"/> 80040 (Serum) <input type="checkbox"/> 80046 (CSF)		
<input type="checkbox"/> CIDP [NF 155, NF 186, CNTN 1, Contactin-associated protein 1(CASPR1)]		
<input type="checkbox"/> 80065 (Serum) <input type="checkbox"/> 80066 (CSF)		
<input type="checkbox"/> Anti- Myelin Oligodendrocyte Glycoprotein (Anti-MOG)		
<input type="checkbox"/> 80043 (Serum) <input type="checkbox"/> 80048 (CSF)		
<input type="checkbox"/> Anti-AChR (ELISA)		
<input type="checkbox"/> 80002 (Serum)		
<input type="checkbox"/> MG screening (MuSk-IgG + AChR-IgG วิธี cell-based assay)		
<input type="checkbox"/> 80058 (Serum)		
<input type="checkbox"/> Anti-Ganglioside IgG <input type="checkbox"/> 80004 (Serum)		
<input type="checkbox"/> Anti-Ganglioside IgM <input type="checkbox"/> 80044 (Serum)		

If there are any inquiries regarding of special tests, please contact via email neuroimmunology@nit.go.th

Please fill all of the contact information in elaborate handwriting for the benefit of your result.