

Send to (standard postal letter) Wieslab AB, Box 50117 202 11 Malmö, Sweden	Visiting address/Courier address Wieslab AB, Lundavägen 151 212 24 Malmö, Sweden	Contact info@wieslab.com T +46 (0)40 - 53 76 60 F +46 (0)40 - 43 28 90
Postal address for test result report		Patient data (Full name, birth date, identity number)
Invoice address (if other than report address) Only doctors, laboratories and hospital administration can be invoiced		Sample date
Requesting doctor name	Telephone	Sample material <input type="radio"/> Serum <input type="radio"/> CSF <input type="radio"/> EDTA whole blood <input type="radio"/> Other
Comment (request, patient history etc)		Specimen collection information Serum: Blood should be collected in plain tubes (serum tubes) without anticoagulant or other supplements. If possible, centrifuge at ambient temperature and separate serum into plain tubes. 3 mL serum (7 mL blood) will be enough for approximately 15 tests. CSF: Always use polypropylene tubes for collecting, centrifuging and transportation. Samples should be centrifuged before transportation. 3 mL CSF will be enough for approximately 10 autoantibody tests. Aliquote as instructed under the test. Wieslab recommends as a first hand approach to start testing in serum with a few exceptions given under the tests. Neuro protein markers can only be tested in CSF. Samples should be kept cold until transport. Transport samples for autoantibodies and genetic tests at room temperature. Samples for Neuro protein markers should be transported frozen. Standard postal letter is acceptable for transport. The patient or caretaker should be provided with information that samples may be kept for future development of analysis methods for the purpose of hospital care and treatment or similar activity. <input type="radio"/> No, the patient does not give her/his consent to save the sample. <input type="radio"/> The patient is currently unable to give her/his consent to store the sample.
<input type="radio"/> Full report with historical test results of the patient.		

Select test package

Acute testing

556 Suspicion of acute limbic encephalitis
Antibodies against AMPAR 1, AMPAR 2, CASPR2, GABA B R, LGI-1, NMDA receptor

557 Suspicion of acute paraneoplastic neuronal symptoms
Antibodies against Amphiphysin, CV2/CRMP5, Hu, Ma, Ri, Yo, GAD
Analysed in serum and CSF. Serum is recommended as a first hand approach. CSF may be used if serum test gives a negative result. Anti-NMDA receptor antibodies can in rare cases only be detected in CSF.
If the sample arrives before 10:00 am on a weekday the tests are performed and reported on the same day. If the sample arrives later than 10:00 am on a weekday it is analysed the next working day.
Telephone number or email for reporting of test result:

567 Alzheimers disease
Tau, Fosfo-Tau, Beta-Amyloid
Only analysed in CSF. Send frozen sample split into 3 polypropylene tubes with minimum 0.5 mL in each.

566 CNS -Parenchymal damage/Anoxic brain injury/Chronic traumatic encephalitis (CTE) - late effect/Guillian Barre syndrome
Neurofilament light protein, GFAP, Tau
Only analysed in CSF. With Anoxic brain injury the sample must be taken 7 days after the injury occurred. The CSF sample should be sent frozen divided in 3 polypropylene tubes with a mimimun of 0.5mL i each tube.

563 Lambert Eaton Myasthenic Syndrome (LEMS)
Antibodies against Acetylcholine receptor, Amphiphysin 1, GAD, Hu, Ri, SOX 1, VGCC
Antibodies against Acetylcholine receptor and SOX 1 is only analysed in serum.

559 Multiple Sclerosis biomarkers
Neurofilament light protein, CXCL13
Only analysed in CSF. Send frozen sample split into 2 polypropylene tubes with minimum 0.5 mL in each.

565 Multiple Sclerosis / Neuromyelitis Optica
Antibodies against Aquaporin 4, MOG
Analysed in serum and CSF. Serum is recommended as a first hand approach. CSF may be used if serum test gives a negative result. Aquaporin 4 antibodies can in rare cases only be detected in CSF.

543 Myastenia gravis
Antibodies against Acetylcholine (anti-AChR) and striated muscle.
Supplementary addition in case of negative result of anti-AChR: Anti-MuSK
Supplementary addition in case of positive result of anti-AChR: anti-Titin.
Only analysed in serum.

Individual tests on the reverse side →

558 Narcolepsy
Orexin/Hypocretin levels in CSF, HLA-DQB1*0602 (2,5 mL EDTA whole blood), and antibodies against Trib2 (serum only).
Note: Three different samples types must be shipped.

534 Neuropathy – Unclear/Guillain-Barré syndrome
Antibodies against gangliosides (asialo-GM1, GM1, GM2, GD1a, GD1b, GQ1b IgG/IgM), MAG and Sulphatide IgM
Analysed in serum and CSF. Serum is recommended as a first hand approach. CSF may be used if serum test gives a negative result.

560 Paraneoplastic neuronal symptoms and Limbic encephalities
Antibodies against Amphiphysin, CV2/CRMP5, Hu, Ma, Ri, Yo, GAD, AMPAR 1, AMPAR 2, CASPR2, GABA B R, LGI-1, NMDA receptor, VGKC,
Analysed in serum and CSF. Serum is recommended as a first hand approach. CSF may be used for monitoring if serum test gives a negative result. Anti-NMDA receptor antibodies can in rare cases only be detected in CSF.

562 Expanded test panel for neuronal antibodies (Paraneoplastic symptoms and limbic encephalitis)
Antibodies against ANNA 3, Glycine receptor, PCA 2, SOX 1, VGCC, ZIC 4, Tr, CARP VII, DPPX, HOLMER3, IgLON5, ITPR1
Analysed in serum and CSF except for SOX 1 that is only analysed in serum. Serum is recommended as a first hand approach. CSF may be used if serum test gives a negative result. Some antibodies can in rare cases only be detected in CSF.

569 Paraneoplastic retinopathy syndrome (MAR, CAR)
Antibodies against Alpha-Enolase, Recoverin
Only analysed in serum.

564 Pediatric acute neurological CNS syndrome (PANS/CANS or PANDAS) (Cunningham panel)
Serum induced activation of CaM Kinase II, and antibodies against Dopaminreceptor (D1, D2), lyso-GM1, beta-Tubulin.
Only tested in serum. Markers can only be analysed as part of the PANS/CANS/PANDAS test panel.

551 Polymyositis/Dermatomyositis and other autoimmune myositis
ANA screen, ENA screen (nRNP/Sm, Sm, SS-A/Ro-52, SS-B, Scl-70, Jo-1), Antibodies against PL-7, PL-12, EJ, PM/Scl, Mi-2, SRP, HMGC
Only analysed in serum.

552 Expanded package autoimmune myositis and sclerodema overlap syndromes
Antibodies against OJ, KS, KU, Tryptophanyl-tRNA-Synthetase, RNA polymeras I,II,III
Only analysed in serum.

568 Stiff person syndrome/PERM
Antibodies against Amphiphysin, GAD, Glycine receptor
Analysed in serum and CSF. Serum is recommended as a first hand approach. CSF may be used if serum test gives a negative result.

Mark for test

AUTO-ANTIBODIES

Most of the auto-antibodies can be analysed in serum and CSF. Serum is recommended as a first hand approach. CSF may be used if serum test gives a negative result. Some auto-antibodies such as anti-NMDA receptor and anti-Aquaporin 4 can in rare cases only be detected in CSF.

Autoimmune encephalitis/Paraneoplastic neurological syndromes

- 772 AMPA receptor 1 (GluR2)
- 774 AMPA receptor 2 (GluR1)
- 730 Amphiphysin 1
- 874 ANNA-3
- 854 CARP VIII
- 835 CASPR2
- 870 CV2/CRMP-5
- 851 DPPX
- 877 GABA-B-R
- 089 GAD (GAD-65, Glutamic Acid Decarboxylase)
- 838 Glycine receptor (GlyR)
- 855 HOMER3
- 220 Hu (ANNA-1)
- 852 IgLON5
- 856 ITPR1
- 833 LGI-1
- 790 Ma (Ma-1, Ma-2/Ta)
- 875 NMDA receptor
- 761 PCA-2 (Purkinje cells)
- 965 Titin
- 760 Tr (Purkinje cells)
- 750 Ri (Nova 1, ANNA-2)
- 839 Ryanodin receptor (only analysed in serum)
- 737 SOX1 (anti-glia nuclear antibody) (only analysed in serum)
- 845 Voltage-gated calcium channel (VGCC)
- 831 Voltage gated potassium channels (VGKC)
- 740 Yo (Purkinje cells, PCA-1)
- 742 Zic4

Autoimmune myositis

- 020 ANA screen
- 024 ENA screen (nRNP/Sm, Sm, SS-A/Ro-52, SS-B, Scl-70, Jo-1)
- 700 EJ (Glycyl-tRNA-Synthetase)
- 481 KS (Asparaginyl-tRNA-Synthetase)
- 482 KU
- 440 Mi-2
- 485 HMGCR (HMG-CoA reductase)
- 483 OJ (Isoleucyl-tRNA-Synthetase)
- 480 PL-7 (Threonyl-tRNA-Synthetase)
- 490 PL-12 (Alanyl-tRNA-Synthetase)
- 710 PM/Scl (p100)

- 450 RNA polymeras I, II III
- 430 SRP (signal recognition peptide)
- 484 Tryptophanyl-tRNA-Synthetase

Narcolepsy

- 970 Trib2 (only analysed in serum)

Neuropathies

- 546 Gangliosides (IgG+IgM): asialo-GM1, GM1, GM2, GD1a, GD1b, GQ1b IgG/IgM
- 093 Myelin associated glycoprotein (MAG)
- 355 Sulphatide IgM

Multiple Sclerosis / Neuromyelitis Optica

- 873 Aquaporin 1 (only analysed in serum)
- 880 Aquaporin 4
- 884 Myelin oligodendrocyt glykoprotein (MOG)

Myasthenia Gravis and other myastenic syndromes

- 079 Acetylcholine receptor (AChR) (only analysed in serum)
Positive anti-AChR is supplemented with anti-Titin
Negative anti-AChR is supplemented with anti-MuSK
- 959 Ganglionic acetylcholine receptor antibody (only analysed in serum)
- 845 Voltage-gated calcium channel (VGCC)
- 958 Lrp4 (only analyzed in serum)
- 960 MuSK (only analysed in serum)
- 839 Ryanodine receptor (only analysed in serum)
- 085 Striated muscle (only analysed in serum)

Paraneoplastic retinopathy syndromes

- 837 alfa-Enolase (only analysed in serum)
- 736 Recoverin

Stiff Person/PERM

- 730 Amphiphysin 1
- 089 Glutamic Acid Decarboxylase (GAD, GAD-65)
- 838 Glycinreceptor (GlyR)

NEURO-MARKER PROTEINS

Is only analysed in liquor. Samples should be shipped frozen aliquoted in polypropylene tubes with a minimum of 0.5 mL in each tube.

- 992 beta-Amyloid
- 988 CXCL13
- 991 Phospho-Tau
- 993 Glial fibrillary acidic protein (GFAP)
- 989 Hypocretin/Orexin
- 994 Neurofilament light protein (NFL)
- 995 S-100 (CsV)
- 990 Tau
- 857 14-3-3 analysed in CSF for Creutzfeldt Jacob

GENETIC TESTS

- 291 HLA-DQB1*0602 at suspicion of narcolepsy (2.5 mL EDTA whole blood)

Information about tests and specimen collection is available at www.wieslab.com
The latest versions of the request forms are available on the website.

Orders/Requests

- Please send: Request forms: Autoimmune diagnostics Neurology markers Cancer markers Monitoring of biopharmaceuticals
..... Quick guide Autoimmunity Quick guide Neurology