



AUTOIMMUNE REQUEST FORM

Autoimmune Unit, Allergy & Immunology Research Centre (AIRC)
Institute For Medical Research (IMR)
Jalan Pahang, 50588 Kuala Lumpur
Contact No : 03 2616 2783
Email : autoimununit@moh.gov.my

	Free
	Paid

Resit No.:

1. Name:		2. R/N :	
3. I/C No.:		4. Ward/Clinic:	
5. Age:	Race:	6. Hospital:	
7. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		8. Specimen type: <input type="checkbox"/> Serum <input type="checkbox"/> CSF	

9. Clinical history:

10. Diagnosis:

11. Test Required : (Please tick **ONLY ONE** appropriate test / required)

No	Test Name	Please Tick
1.	Anti-Acetylcholine Receptor Antibody (ACR)	
2.	Anti-Cyclic Citrullinated Peptide (CCP / ACPA)	
3.	Anti-Cardiolipin Antibody IgM & IgG (ACL)	
4.	Anti-Glomerular Basement Membrane (GBM)	
5.	Coeliac Antibodies Panel Anti-Endomysium, Anti Gliadin, Anti Tissue Transglutaminase	
6.	Skin Antibodies Panel Anti-BP 180, Anti BP-230, Anti-Desmoglein 1 & Anti-Desmoglein 3	
7.	Anti-Neutrophil Cytoplasmic Antibody (ANCA) Panel P-ANCA, C-ANCA, anti-MPO, anti-PR3	
8.	Tissue Antibodies (TA) Panel Anti-Gastric Parietal Cell Antibody (APC), Anti Mitochondrial Antibodies (AMA), Anti Smooth Muscle (ASMA), Anti Liver Kidney Microsomal (LKM)	
9.	Extractable Nuclear Antigen (ENA) antibodies Panel ds-DNA, nucleosome, histone, SmD1, PCNA, PO(RPP), SSA/Ro-60, SSA/Ro 52, SSB/La, CENP B, Scl 70, U1-snRNP, AMA M2, Jo-1, PM Scl, Mi-2, Ku)	

No	Test Name	Please Tick
10.	Anti-Beta 2 Glycoprotein 1 (B2GP1)	
11.	Anti-N-Methyl-D-Aspartate Receptor (NMDAR)	
12.	Anti-Aquaporin 4 (AQ4)	
13.	Phospholipase A ₂ Receptor antibody (PLA2R)	
14.	Paraneoplastic Neurological Syndrome (PNS) Panel Anti-Amphiphysin, Anti-Ma, Anti-Yo, Anti-Ri, Anti-Hu, Anti-CV2	
15.	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)	
16.	Specific Liver Antibodies (SLA) Panel Anti-AMA-M2, M2 3E/BPO, Sp100, PML, gp210, LKM1, LC-1, SLA/LP, Ro-52	
17.	CYTOKINE (IL-6) Test (By appointment only)	

IMPORTANT NOTICE : To ensure correct and reliable result given, please fill up the entire form and following must be followed :

1. 3.5 ml blood in plain tube or gel tube is required for each test (Please send one tube and request form per test.).
2. Separate plasma/serum from RBC immediately. Grossly hemolysed samples will be rejected.
3. All samples (serum/ CSF) must be kept and transport in cool temperature, 2-8 °C (transport in ICE to IMR).

12. Specimen Collected Date	Date: <input type="text"/>	Time: <input type="text"/>	
13. Applicant's name:.....			
14. Date:		Signature & Stamp	