Physician Information

Referring physician: **Date:**	**E-mail:** **Phone:**

Specimen Information

Sample Type: ☐Serum Sample collection date (DD/MM/YY):
☐CSF Sample collection date (DD/MM/YY):

Patient Demographic Information

Age:	Sex: ☐M ☐ F	Ethnicity:

Patient Clinical Information

Relevant past medical history: ☐Y ☐N ☐Thyroiditis ☐RA ☐Vitiligo ☐SLE ☐T1DM ☐Celiac disease ☐Sjogren's ☐Psoriasis Other: **Family history of autoimmunity:** ☐Y ☐N If yes, please specify:	**Neurologic/psychiatric history:** ☐ Y ☐N ☐Epilepsy ☐Migraine ☐Stroke ☐Multiple sclerosis ☐Depression ☐Anxiety ☐Psychotic illness Other:
Date of illness onset: **Illness duration:** **Prodromal symptoms (e.g. flu-like illness, headache, weight loss, diarrhea, etc):** **Preceding infection identified**:☐Y ☐N **If yes, please state which infection and how it was diagnosed (serology, PCR, etc):**	**Malignancy history**: ☐Y ☐N **Type of cancer**: **Stage of cancer**: **Time elapsed between malignancy diagnosis and presentation**: **Malignancy identified during work-up for neurologic presentation:** ☐Y ☐N **Test performed to diagnose malignancy (PET, CT, US, MRI etc):**

Patient Clinical Information Cont'd

Clinical course (please be sure to include patient symptomology, disease progression):

Modified Rankin score at time of sample collection (0-6):

Please list any immunomodulatory drugs given and any clinical response noted:

Patient Investigations

MRI performed: ☐Y ☐N **Gadolinium administered:** ☐Y☐N **Relevant abnormality seen:** ☐Y ☐N **If yes, please elaborate:**	**EEG performed:** ☐Y ☐N **Relevant abnormality seen:** ☐Y ☐N **If yes, please elaborate:**
Lumbar puncture performed: ☐Y ☐N **CSF WBC count elevated:** ☐Y ☐N **If yes, state WBC count and predominance (e.g. 60% lymphocytes):** **CSF protein elevated:** ☐Y ☐N **CSF/serum glucose <0.4:** ☐Y ☐N **Oligoclonal bands:** ☐Y ☐N ☐ Not sent	**EMG/NCS performed:** ☐Y ☐N **Polysomnography performed:** ☐Y ☐N **If relevant abnormality seen, please elaborate:**

Suspected Diagnosis

Pre-test probability that your patient's presentation is autoimmune (0-100%):

Suspected diagnosis:

☐Encephalitis
☐Brainstem encephalitis
☐Cerebellitis
☐Myelitis
☐Other (specify):

☐Stiff-person syndrome/PERM
☐Peripheral neuropathy
☐Peripheral nerve hyperexcitability
☐Epilepsy of unknown etiology

Patient Symptomatology Checklist

Behavioural/psychiatric change: ☐Y ☐N ☐Apathy ☐Depression ☐Disinhibition ☐Anxiety ☐Irritability ☐Psychosis Other:	**Cognitive dysfunction:** ☐Y ☐N ☐Memory loss ☐Aphasia ☐Executive dysfn ☐Visuospatial dysfn Other:
Seizures: ☐Y ☐N ☐Focal ☐Generalised ☐Status epilepticus Other (please classify seizures if present):	**Abnormal movements:** ☐Y ☐N ☐Chorea ☐Parkinsonism ☐Myoclonus ☐Dystonia ☐Tremor ☐Faciobrachial sz ☐Faciobrachial dystonic seizures Other:
Speech dysfunction: ☐Y ☐N ☐Expressive aphasia ☐Receptive aphasia ☐Speech apraxia ☐Pressured speech ☐Mutism ☐Dysarthria Other:	**Dysautonomia/hypoventilation:** ☐Y ☐N ☐Tachycardia/Bardycardia/arrhythmia ☐Hypertension/hypotension ☐Constipation/diarrhea ☐Urinary retention/incontinence ☐Pupillary mydriasis/miosis ☐Central hypoventilation ☐Hyperthermia/hypothermia Other:
Sleep disturbance: ☐Y ☐N ☐Insomnia ☐Hypersomnia ☐Obstructive sleep apnea ☐Central sleep apnea ☐REM sleep behaviour disorder Other:	**Motor/Sensory dysfunction:** ☐Y ☐N ☐Weakness ☐Sensory loss ☐Spasticity ☐Hypotonia ☐Hyperreflexia ☐Hyporeflexia ☐Atrophy ☐Fasiculations ☐Neuropathic pain ☐PNS Hyperexcitability Other:
Special sensory dysfunction: ☐Y ☐N ☐Pre-chiasmal visual loss ☐Chiasmal/post-chiasmal visual loss ☐Hearing loss (sensorineural/conductive) ☐Loss of smell ☐Loss of taste ☐Hallucination (visual/auditory/other) Other:	**Brainstem/cerebellar dysfunction:** ☐Y ☐N ☐Diplopia ☐Ophthalmoplegia ☐Facial nerve palsy ☐Trigeminal neuropathy ☐Dysarthria ☐Ataxia (Limb/Truncal) Other:

If able, please elaborate on any of the symptomatology identified above, or describe any other key symptoms not listed above: