CONFIDENTIAL DOCUMENT
CLINICAL INFORMATION REGARDING THE PATHOLOGICAL STATE OF A PATIENT

eurofins | Biomnis

Clinical Information Form
Anti-neuronal antibodies

INTERNATIONAL DIVISION

17/19, avenue Tony Garnier • BP 7322 • 69357 Lyon cedex 07
Tel.: **+33 (0)4 72 80 23 85** • Fax: **+33 (0)4 72 80 73 56** • E-mail: **international@eurofins-biomnis.com**

PRESCRIBING CLINICIAN

Name: .....
Hospital/Dept: .....
Address: .....
Post code: ⌊_⌊_⌊_⌊_⌊_⌋ City: .....
Country: .....
Tel.: ⌊_⌊_⌋⌊_⌊_⌋⌊_⌊_⌋⌊_⌊_⌋⌊_⌊_⌋
Mail: .....

PATIENT DETAILS

First name(s): .....
Surname: .....
Date of birth: ⌊_⌊_⌋⌊_⌊_⌋⌊_⌊_⌊_⌊_⌋
Gender : ☐ F ☐ M

PRODROMES

☐ **YES** ▶▶▶
- ☐ Headache
- ☐ Febrile state
- ☐ Digestive disorders
- ☐ Other *(Specify)* : .....

☐ **NO**
☐ Unknown

CLINICAL PRESENTATION

☐ **Limbic encephalitis** ▶▶▶
- ☐ Psychiatric disorders
- ☐ Disorders of consciousness
- ☐ Epileptic seizures
- ☐ Memory disorders
- ☐ Abnormal movements
- ☐ Dysautonomy

☐ **Sensitive Neuropathy**
☐ **Sensory-motor neuropathy**
☐ **Lambert Eaton**
☐ **Neuromyotonia**
☐ **Cerebellar syndrome**
☐ **Other** *(Specify)* : .....

MRI ☐ Normal ☐ Abnormal
EEG ☐ Normal ☐ Abnormal
CSF No. of elements: ..... Protein levels: ..... Oligoclonal bands: ☐ YES ☐ NO

Tumour
- ☐ YES *(Specify)* : .....
- ☐ NO
- ☐ Unknown

Treatment
- ☐ Corticosteroids
- ☐ Veinoglobulins
- ☐ Plasma exchanges
- ☐ Immunosuppressant
- ☐ Other

These tests are performed in partnership with Hospices Civils de Lyon.

Hospices Civils de Lyon

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