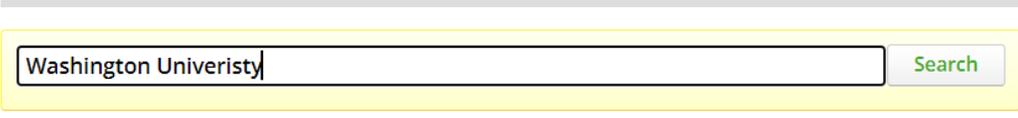
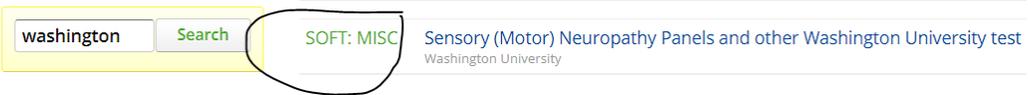


## SENDING SPECIMENS WASHINGTON UNIVERSITY

**Purpose:** Some Neurologists prefer sending specimens to Wash U for Neurology Testing.

**Procedure:** Ordering and sending specimens to Wash U. Specimens are shipped Monday-Friday. No Saturday or Sunday delivery. The Lab is not open on the weekends or holidays.

Step	Action
1.	Look over the provided requisition to see which test the doctor has ordered (patient or doctor will provide req; must be signed by doctor).
2.	If the test marked is “Motor Neuropathy Panel” send to Mayo( Mayo Test code FMONP). See Mayo Access for requirements.
2.	<p>If doctor has not provided requisition Type “Washington University” into the Directory of services to access test info.</p> <p><b>Search</b></p> 
3.	Click “Enter” on Keyboard
4.	<p>Click “SOFT: MISC” to pull up Washington testing.</p> <p><b>Search</b> Searching for <i>washington</i> 151 results   Pa</p> 
5.	<p>Click “<a href="https://neuromuscular.wustl.edu/lab/serumreqc.htm">https://neuromuscular.wustl.edu/lab/serumreqc.htm</a> link” to pull up the correct test requisition.</p> <p><b>Sensory (Motor) Neuropathy Panels and other Washington University test</b>   <b>Test Code SOFT: MISC</b></p> <div style="border: 2px solid red; padding: 10px; margin-top: 10px;"> <p><b>⚠ Important Note</b></p> <p>Washington University testing is sent directly to the Wash U via Fed Ex, Available Monday through Friday. Using the following link an order form can be generated which must accompany the specimen to Lab:</p> <ul style="list-style-type: none"> <li>▪ <a href="https://neuromuscular.wustl.edu/lab/serumreqc.htm">https://neuromuscular.wustl.edu/lab/serumreqc.htm</a></li> </ul> <p>Lab will perform final packaging.</p> <p>THE LABORATORY IS NOT OPEN ON WEEKENDS OR HOLIDAYS            We do not accept Saturday delivery            Store sample in refrigerator over the weekend. Send on Monday.</p> </div>

6. When the form is open, print the requisition.

<b>NEUROMUSCULAR CLINICAL LABORATORY</b>	
Neuromuscular Disease Center Department of Neurology Washington University School of Medicine	Campus Box 8111, Room IWJ 404 680 South Euclid Avenue, St. Louis, MO 63110 Phone: 314-362-6981, Fax: 314-362-2826

Patient Name (Last, First, Initials): \_\_\_\_\_  
 Clinical diagnosis: \_\_\_\_\_  
 Physician requesting test: \_\_\_\_\_ UPIN# \_\_\_\_\_  
 Referring hospital: \_\_\_\_\_  
 Name and address for report and/or charges \_\_\_\_\_  
 See: [Instructions for sending serum](#) || \_\_\_\_\_

**ANTIBODY TESTS and INTERPRETATION REQUESTED**

Syndrome Panels	Individual Antibodies
<input type="checkbox"/> <b>Motor Neuropathy</b> IgM vs Co-GM1, asialo-GM1; NP-9; IgG vs GM1; GalNAc-GD1a	<input type="checkbox"/> Motor: Co-GM1; GM1 (IgM & IgG); NP-9 (IgM) GalNAc-GD1a (IgG)
<input type="checkbox"/> <b>Sensory (± Motor) Neuropathy</b> IgM vs MAG, GalNAc-GD1a & Sulfatide; IgG vs Sulfatide	<input type="checkbox"/> MAG (IgM) <input type="checkbox"/> GALOP Antigen (IgM) <input type="checkbox"/> Sulfatide (IgM & IgG) <input type="checkbox"/> SGPG (IgM) <input type="checkbox"/> GD1b (IgM) <input type="checkbox"/> GQ1b (IgG)
<input type="checkbox"/> <b>Peripheral Neuropathy</b> Motor and Sensory Neuropathy Panels	<input type="checkbox"/> β-Tubulin (IgM & IgG) <input type="checkbox"/> Histone H3 (IgM) <input type="checkbox"/> Trisulfated Heparin Disaccharide (TS-HDS)
<input type="checkbox"/> <b>Sensory Neuronopathy/Neuropathy</b> IgM vs Sulfatide, GD1b, GalNAc-GD1a; IgG vs Sulfatide, Hu	Paraneoplastic (IgG) <input type="checkbox"/> Hu; <input type="checkbox"/> Yo; <input type="checkbox"/> Ri; <input type="checkbox"/> Tr <input type="checkbox"/> Cerebellar immunostaining
<input type="checkbox"/> <b>Demyelinating Neuropathy</b> IgM vs MAG, GM1, GalNAc-GD1a, β-Tubulin; IgG vs β-Tubulin	Other IgM: <input type="checkbox"/> GM2; <input type="checkbox"/> GD1a; <input type="checkbox"/> asialo-GM1; <input type="checkbox"/> Z-MAG; <input type="checkbox"/> Decorin; <input type="checkbox"/> Chondroitin sulfate; <input type="checkbox"/> Heparan Sulfate; <input type="checkbox"/> AHS; <input type="checkbox"/> GalNAc-GD1a
<input type="checkbox"/> <b>Acute Neuropathy:</b> IgM vs GM1, β-Tubulin, Heparan sulfate	Other IgG: <input type="checkbox"/> GalNAc-GD1a; <input type="checkbox"/> Heparan Sulfate

7. Go back to the previous page.

8. **Specimen Requirements**

Click on the “<https://neuromuscular.wustl.edu/lab/seruminst.htm> link” to determine what tubes are needed for each specific test.

**Sensory (Motor) Neuropathy Panels and other Washington University test**

**Test Code SOFT: MISC**

 **Important Note**

Washington University testing is sent directly to the Wash U via Fed Ex, Available Monday through Friday. Using the following link an order form can be generated which must accompany the specimen to Lab:

- <https://neuromuscular.wustl.edu/lab/serumreq.htm>

Lab will perform final packaging.

THE LABORATORY IS NOT OPEN ON WEEKENDS OR HOLIDAYS  
 We do not accept Saturday delivery  
 Store sample in refrigerator over the weekend. Send on Monday.

**Additional Codes**

EPIC CODE: MISC Lab, write test name in comments.

**Specimen Requirements**

The most current information on specimen requirements is found at:

<https://neuromuscular.wustl.edu/lab/seruminst.htm>

9. Click the printer icon to print the test requirement and shipping temp page.

**NEUROMUSCULAR CLINICAL LABORATORY: Antibody Information**

Neuromuscular Clinical Lab  
Washington University School of Medicine  
Department of Neurology  
660 S. Euclid, Box 8111  
St. Louis, MO 63110  
Phone: 314-362-2406  
FAX: 314-362-3413

C.A.P. Lab # 19233-16  
Medicare provider # 26-8235  
CLIA Certificate # 26D0652044  
New York State # 3499  
California # COS 00800679  
Florida # 800028650  
Director: Alan Pestronk, M.D. (314-362-6981)  
Web Site: <http://neuromuscular.wustl.edu/over/labdis.html>

**To obtain antibody testing:**

- Draw blood in a red top tube
- **Send:** 2 to 3 ml of serum
- Send with [requisition](#), at room temp (freezing is not necessary), [via overnight mail](#) to  
Neuromuscular Clinical Lab: Pestronk  
Washington University Medical School.  
Department of Neurology, Box 8111  
660 South Euclid Avenue  
St. Louis, MO 63110

**Other shipping information**

- Store: Serum in a refrigerator until sending.
- Temperature: Serum can be sent from ambient temperature to frozen by overnight mail.
- Serum should be sent with requisition form, demographics & insurance (Front & Back of cards).  
Complete: [A requisition form for each patient.](#)
- THE LABORATORY IS NOT OPEN ON WEEKENDS OR HOLIDAYS  
We do not accept Saturday delivery  
Store sample in refrigerator over the weekend. Send on Monday.
- Call 314-362-2406 for additional information.

10. Order a “MISC” lab under “Order Entry” in SOFTLAB. Make sure the desired test is documented in “Order Comments.”

Order Entry Screen:

Ordered (1)

Type	ID	Priority	Cycled	Name
I	MISC			Miscellaneous Lab

Order Comments\* dialog box:

Tech: 10/01/2021 13:37 9778

**Sensory Motor Neuropathy Panel**

11. Draw two full red tubes (all testing requires 3ml SERUM).

12. Collect & receive the specimen.

13. Centrifuge the specimens after they have properly clotted.

14. Aliquot the red tubes' serum into labeled pour off tubes.

15. Place a SOFTID Bar Code label on the req in this spot.

**NEUROMUSCULAR CLINICAL LABORATORY**

Neuromuscular Disease Center  
 Department of Neurology  
 Washington University School of Medicine

Campus Box 8111, Room IWJ 404  
 660 South Euclid Avenue; St. Louis, MO 63110  
 Phone: 314-362-6981; Fax: 314-362-2826

Patient Name (Last, First, Initials): \_\_\_\_\_  
 Clinical diagnosis: \_\_\_\_\_  
 Physician requesting test: \_\_\_\_\_ UPIN# \_\_\_\_\_  
 Referring hospital: \_\_\_\_\_  
 Name and address for report and/or charges \_\_\_\_\_  
 See: [Instructions for sending serum](#) || \_\_\_\_\_

← HERE

**ANTIBODY TESTS and INTERPRETATION REQUESTED**

Syndrome Panels	Individual Antibodies
<input type="checkbox"/> <b>Motor Neuropathy</b> IgM vs Co-GM1, asialo-GM1; NP-9; IgG vs GM1; GalNAc-GD1a	<input type="checkbox"/> Motor: Co-GM1; GM1 (IgM & IgG); NP-9 (IgM) GalNAc-GD1a (IgG)
<input type="checkbox"/> <b>Sensory (± Motor) Neuropathy</b> IgM vs MAG, GalNAc-GD1a & Sulfatide; IgG vs Sulfatide	<input type="checkbox"/> MAG (IgM) <input type="checkbox"/> GALOP Antigen (IgM) <input type="checkbox"/> Sulfatide (IgM & IgG) <input type="checkbox"/> SGPG (IgM) <input type="checkbox"/> GD1b (IgM)

16. **Billing information**

**Mark on Req**

- Specimens received from "Outpatient" the doctor will have insurance info filled out. If not attach patient insurance information- See [Printing Patients Insurance Information](#)
- Specimens received from a hospital "Inpatients"- Write "Bill institution" in big words down in the Patient information area.

17. Make a copy of the completed Req.

18. Log the specimen into the Specimen Mailout Log Book and place the copy of the completed Req into the "Copy of Req" tray located by the Mayo refrigerator in processing.

19. Locate a small shipping box, a biohazard bag, a FedEx bag and a blank FedEx shipping slip (FedEx shipping supplies found in Regional lab area).

20. See "Shipping Temp" from the print out from the Directory of Services.

21. Place the labeled tubes into the biohazard bag.

22. Place the biohazard bag into the shipping box.

23. Place a copy of the completed req into the shipping box. Along with copy of Insurance info if necessary

24. Seal the shipping box.

25. Place the shipping box into the FedEx Shipping bag.

26. Fill out a FedEx shipping slip.

**FedEx Express Package US Airbill** FedEx Tracking Number **8139 3465 8500**

Form ID No. **0215** Sender's Copy

**1 From Please print and press hard.**  
 Date \_\_\_\_\_ Sender's FedEx Account Number \_\_\_\_\_  
 Sender's Name **Saint Francis Main lab** Phone ( **573** ) **331-5147**  
 Company **ST FRANCIS MEDICAL CENTER**  
 Address **211 SAINT FRANCIS DR** Dept./Floor/Suite/Room \_\_\_\_\_  
 City **CAPE GIRARDEAU** State **MO** ZIP **63703-3049**

**2 Your Internal Billing Reference** OPTIONAL  
 First 24 characters will appear on invoice.

**3 To**  
 Recipient's Name **Dept of Neurology** Phone ( **314** ) **362 2406**  
 Company **Washington U. School of Medicine**  
 Address **Campus Box 8111 Room 1WJ5404** Hold Weekday   
 We cannot deliver to P.O. boxes or P.O. ZIP codes. Dept./Floor/Suite/Room \_\_\_\_\_  
 Address **640 S. Euclid Ave** Hold Saturday   
 Use this line for the HOLD location address or for continuation of your shipping address. Dept./Floor/Suite/Room \_\_\_\_\_  
 City **St. Louis** State **MO** ZIP **63110**

**4 Express Package Service** \*To most locations. Packages up to 150 lbs. For packages over 100 lbs., see the FedEx Express Weight US Airtail.

**Next Business Day**  **FedEx First Overnight** Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless Saturday Delivery is selected.  
 **FedEx Priority Overnight** \*If sending on Friday Next business morning. Friday shipments will be delivered on Monday unless Saturday Delivery is selected.  
 **FedEx Standard Overnight** Next business afternoon. Saturday Delivery NOT available.

**2 or 3 Business Days**  **FedEx 2Day A.M.** Second business morning. Saturday Delivery NOT available.  
 **FedEx 2Day** Second business afternoon. Thursday shipments will be delivered on Monday unless Saturday Delivery is selected.  
 **FedEx Express Saver** First business day. Saturday Delivery NOT available.

**5 Packaging** \*Declared value limit \$500.  
 FedEx Envelope\*  FedEx Pak\*  FedEx Box  FedEx Tube  Other

**6 Special Handling and Delivery Signature Options** Fees may apply. See the FedEx Service Guide.  
 **Saturday Delivery** \*If sending on Friday NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.  
 **No Signature Required** Package may be left without obtaining a signature for delivery.  
 **Direct Signature** Someone at recipient's address may sign for delivery.  
 **Indirect Signature** If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only.

**Does this shipment contain dangerous goods?** *One box must be checked.*  
 No  Yes *as per attached Shipper's Declaration*  Yes *Shipper's Declaration not required.*  Dry Ice *Only for UN 1800* \_\_\_\_\_ kg  
 Restrictions apply for dangerous goods—see the current FedEx Service Guide.  Cargo Aircraft Only

**7 Payment Bill to:** Enter FedEx Acct. No. or Credit Card No. below.  
 Sender Acct. No. in Section 1 will bill.  Recipient  Third Party  Credit Card  Cash/Check  
 FedEx Acct. No. \_\_\_\_\_ Ship. Sub. \_\_\_\_\_  
 Credit Card No. \_\_\_\_\_  
 Total Packages \_\_\_\_\_ Total Weight \_\_\_\_\_ Total Declared Value<sup>1</sup> \_\_\_\_\_  
 lbs. \$ \_\_\_\_\_

<sup>1</sup>Our liability is limited to USD500 unless you declare a higher value. See back for details. By using this airbill you agree to the service conditions on the back of this airbill and in the current FedEx Service Guide, including terms that limit our liability.  
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**Ship it. Track it. Pay for it. All online.**  
 Go to [fedex.com](http://fedex.com)

27. Place shipping/sticker onto the FedEx bag.

28. Tear off top copy of Shipping slip and take to front Secretary Office.

29. Take FedEx shipping bag to FedEx dropoff spot (located in Pathology).

30. Fill out a "MISC Charge slip" (located in Regional lab area) and place in blue "Credit/Charge" bucket in processing.