NEUROFILAMENT TEST REQUEST FORM

Forename

Surname

DOB

Gender

NHS No

Hospital No

Referring Consultant

Collection Date

Diagnosis

Current Treatment & Start Date

Last Relapse (DD/MM/YY)

Test Requested:

CSF NfL

Serum Nfl (not currently available)

Contact: Dr David Holden, Centre for Neuroscience and Trauma, QMUL, Blizard Institute,
4 Newark Street, London E1 4AT
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Tel: 0207 882 2327

This analysis is performed by Dr S. Gnanapavan, QMUL, Blizard Institute.

Email: s.gnanapavan@qmul.ac.uk

We caution healthcare professionals in making any diagnoses or changes in management based on the information provided by the neurofilament test.