NOTE DE SERVICE
MEMORANDUM

date:	15 Jan 2026
à :	À l'attention des médecins qui demandent des tests hors province
to:	To Physicians requesting Out of Province Testing
de:	**Dr. B.M. Gilfix, MDCM, PhD, FRCPC, DABCC, FADLM**
from:	Responsable des envois, Laboratoire central Glen Responsible for Send Out, Glen Central Laboratory
objet :	**Mise à jour importante concernant les tests effectués hors province**
subject:	**Important Update on Out of Province Testing**

ENGLISH WILL FOLLOW

Le Laboratoire central du site Glen du CUSM souhaite vous informer de la situation actuelle concernant les demandes d'analyses effectués hors province.

1. **Situation d'Invitae, MNG Laboratories et LabCorp**
   Comme cela a été le cas ces derniers mois, toutes les demandes envoyées à ces laboratoires sont toujours refusées. Tous les demandeurs de ces laboratoires sont invités à utliser d'autres laboratoires pour le moment. Nous vous informerons dès que la situation changera.

2. **Envoi à des laboratoires non utilisées et non acceptées auparavant**
   En raison de modifications apportées à la réglementation douanière américaine et des exigences actuelles en matière d'accréditation, toutes les demandes envoyées à des laboratoires qui ne sont pas actuellement approuvées par le Service d'Envoi doivent d'abord être examinées et approuvées par ce dernier. Cela doit être fait avant que les demandeurs ne soumettent toute demande AH-612 relative à ces laboratoires.

   Une liste des laboratoires agréées peut être obtenue sur demande auprès du Service d'Envoi.

3. **Changement de site de test pour le dosage des chaînes légères de neurofilaments, qui passe de In Common Laboratories (EORLA) à BC Neuroimmunology.**
   Pour des raisons d'efficacité et de réduction des coûts, le dosage des chaînes légères de neurofilaments chez **BC Neuroimmunology** remplace celui effectué chez In Common Laboratories (EORLA).

   Le test effectué chez BC Neuroimmunology est réalisé sur la plateforme Lumipulse. Le test effectué chez In Common Laboratories (EORLA) est réalisé sur la plateforme Roche.

   Le type d'échantillon requis est le **plasma EDTA.**
   Vous trouverez ci-joint à cette note la requête requise de BC Neuroimmunology à utiliser.

4. **Rappel concernant les tests supplémentaires à BC Neuroimmunology**
   BC Neuroimmunology conserve les échantillons résiduels pendant 180 jours. Des tests supplémentaires sur les échantillons chez BC Neuroimmunology peuvent être commandés, mais nécessitent un nouveau formulaire AH-612 et une requête appropriée.

5. **Remplacement de l'ADmark PhosphoTau/Total Tau/A Beta42, analyse et interprétation, LCR [177] par l'évaluation Admark Alzheimer, LCR [92433].**
   Admark Alzheimer's Evaluation, CSF [92433] chez Quest Diagnostics a remplacé ADmark PhosphoTau/Total Tau/A Beta42, analyse et interprétation, CSF [177] chez Athena Diagnostics.

   Le test chez Quest est effectué sur le système Roche Elecsys. Le test effectué chez Athena était un test ELISA.

   Le laboratoire recommande d'effectuer la ponction lombaire (PL) à l'aide d'une **méthode de collecte par gravité** et **d'éviter l'utilisation de seringues ou de tubes**.
   - Effectuez la ponction lombaire (PL) **avant midi**.
   - **Ne pas utiliser les 2 premiers ml** de LCR pour la mesure des biomarqueurs de la MA.
   - Ensuite, prélever au **moins 1,0 ml** de LCR directement dans le tube LCR 63.614.625 (Sarstedt) pour les mesures des biomarqueurs de la MA. (Remarque : le repère sur le tube indique 2,5 ml.)
   - **AUCUN AUTRE TUBE N'EST ACCEPTÉ.**
   - Recueillez du LCR clair (non hémolytique) dans un nouveau tube à LCR.
   - Le prélèvement de LCR à d'autres fins peut suivre, si nécessaire.
   - Ne traitez pas l'échantillon de LCR avant son transport vers le site de mesure (c'est-à-dire pas de mélange/retournement, pas de transfert de tube, pas de division en aliquotes, pas de congélation et normalement pas de centrifugation) jusqu'à la mesure.
   - Il est fortement recommandé de conserver l'échantillon à une température comprise entre **2 et 8 °C**.

Vous trouverez ci-joint à cette note la requête requise de Quest Diagnostics à utiliser.

Tube with false bottom CSF, 2.5 ml, (LxØ): 75 x 13 mm, round base, PP, Low Binding, cap enclosed, sterile, 1 piece(s)/blister

Order number: **63.614.625**

Si vous avez des questions à ce sujet, veuillez communiquer avec le Service à la clientèle des laboratoires cliniques au 514 934-1934, poste 35687, ou avec le biochimiste médicale responsable des envois.

The Central Laboratory of the MUHC Glen Site wishes to advise you of the current situation regarding Out of Province test requests.

1. **Status of Invitae, MNG Laboratories, and LabCor**
   As has been the status for the last few months, all send out requests to these companies are still being refused. All requestors for these companies are urged to use others for now. We shall inform everyone when the status of send outs to these companies changes.

2. **Send Out to Companies Not Previously Used and Accepted.**
   Due to changes in US Custom regulations and due to current accreditation requirements, all send outs to companies not currently approved by the Send Out sector must first be reviewed and approved by the Send Out sector. This must occur before requestors submit any AH-612 forms related to these companies.

   A list of approved companies can be obtained upon request to the Send Out sector.

3. **Change of test site for Neurofilament Light Chain Assay from In Common Laboratories (EORLA) to BC Neuroimmunology.**
   For reasons of efficiency and cost saving, the Neurofilament Light Chain assay at **BC Neuroimmunology** is replacing the assay at In Common Laboratories (EORLA).

   The assay at BC Neuroimmunology is the performed on the Lumipulse platform. The assay performed at In Common Laboratories (EORLA) is performed on the Roche platform.

   The required sample type is **EDTA plasma**.

   Please find attached the required requisition from BC Neuroimmunology that is to be used.

4. **Reminder regarding Add-On Tests at BC Neuroimmunology**
   BC Neuroimmunology retains residual material for 180 days. Additional tests on material at BC Neuroimmunogy can be ordered, but require a new AH-612 form and an appropriate requisition.

5. **Replacement ADmark PhosphoTau/Total Tau/A Beta42, Analysis and Interpretation, CSF [177] by Admark Alzheimer's Evaluation, CSF [92433].**
   Admark Alzheimer's Evaluation, CSF [92433] at Quest Diagnostics has replaced the ADmark PhosphoTau/Total Tau/A Beta42, Analysis and Interpretation, CSF [177] at Athena Diagnostics.

   The assay at Quest is performed on the Roche Elecsys system. The assay performed at Athena was an ELISA assay.

   The company suggests performing the lumbar puncture (LP) using **gravity drip collection method** and to **avoid the use of syringes or tubing**.
   - Perform lumbar puncture (LP) **before noon**.
   - **Do not use the first 2 mL of CSF** for AD Biomarker measurement.
   - Subsequently, collect **at least 1.0 mL** of CSF directly into the CSF tube 63.614.625 (Sarstedt) for AD biomarker measurements. (Note: The mark on the tube indicates 2.5 mL.)
   - **NO OTHER TUBES ARE ACCEPTABLE.**
     Collect clear (non-hemolytic) CSF in a new CSF tube.
   - Collection of CSF for other purposes can follow thereafter, if required.

- Do not process the CSF sample before transport to the measuring site (i.e., no mixing/inverting, no tube transfers, no aliquoting, no freezing and normally no centrifugation) until measurement.
- It is strongly recommended that the sample be kept at **2-8°C**.

Please find attached the required requisition from Quest Diagnostics to be used.

Tube with false bottom CSF, 2.5 ml, (LxØ): 75 x 13 mm, round base, PP, Low Binding, cap enclosed, sterile, 1 piece(s)/blister

Order number: **63.614.625**

Should you have any questions regarding this matter, please contact Client Services for Clinical Laboratories at 514-934-1934 ext 35687 or the Medical Biochemist responsible for Send-Outs.

BC Neuroimmunology

Neurodegenerative Profile Requisition Form

This area is for **BC Neuroimmunology Laboratory** use only.

This requisition form, when completed, constitutes a referral to the BC Neuroimmunology Laboratory Inc. It is for the use of authorized health care providers only. Please see page 2 for specimen collection and shipping instructions, as well as information regarding private payment, test specific MSP guidelines, and the test directory. *** Highlighted fields must be completed to avoid delays in sample processing.**

PATIENT INFORMATION			**REFERRING PHYSICIAN**	
LAST NAME	FIRST NAME & MIDDLE INITIAL		PHYSICIAN NAME & MSP PRACTITIONER # (IF APPLICABLE)	
PROVINCIAL HEALTHCARE NUMBER (e.g. PHN, OHIP)	DATE OF BIRTH (DAY/MONTH/YEAR) DAY / MONTH / YEAR		ADDRESS	
PATIENT TYPE ☐ **Out-Patient** ☐ **In-Patient or Emergency**	SEX ☐ Female ☐ Male ☐ X ☐ Unknown			
ADDRESS	CITY/TOWN		TELEPHONE (***REQUIRED FOR STAT TESTS***)	FACSIMILE (***REQUIRED FOR STAT TESTS***)
PROVINCE	POSTAL CODE	TELEPHONE # & EMAIL **(REQUIRED FOR PAYMENT)**		
BILL TO ☐ Provincial Health Services ☐ Hospital ☐ Patient[1] (Self-pay; see page 2) ☐ Other: _____			COPY TO PHYSICIAN(S)	

REQUESTING LABORATORY:			**SPECIMEN INFORMATION**
LABORATORY/FACILITY NAME			SPECIMEN TYPE ☐Plasma ☐ CSF
ADDRESS	CITY/TOWN	PROVINCE	SPECIMEN NO.:
			Time of Sample collection _____am _____pm
TELEPHONE (***REQUIRED FOR STAT TESTS***)	FACSIMILE (***REQUIRED FOR STAT TESTS***)		COLLECTION DATE (DAY/MONTH/YEAR)

Alzheimer's Disease

Plasma
- ☐ pTau217 ALZpath/SIMOA®
- ☐ pTau217 Lumipulse®
- ☐ GFAP Lumipulse®
- ☐ NfL Lumipulse®

CSF
- ☐ Aβ42/40
- ☐ pTau181
- ☐ NfL
- ☐ tTau
- ☐ Neurogranin

Required clinical information (please check all that apply):

Clinical features:
- ☐ Episodic Memory problems
- ☐ Language problems
- ☐ Behavioral Changes
- ☐ REM sleep behaviour disorder
- ☐ Delusions
- ☐ Visuospatial Problems
- ☐ Articulation problems
- ☐ Executive dysfunction
- ☐ Extrapyramidal dysfunction/ Parkinsonism
- ☐ Hallucinations

Cognitive test function score at onset:
MMSE_____ MOCA_____ 3MS_____ Others(specify)_____

Imaging Findings:
MRI
- ☐ Normal ☐ Hippocampal Atrophy ☐ Ventricular Dilatation
- ☐ Abnormal fMRI
- ☐ Positive Aβ PET
- ☐ Positive Tau PET

Clinical Diagnosis:
- ☐ Cognitively unimpaired
- ☐ Subjective Cognitive Decline
- ☐ Amnestic MCI
- ☐ Non-Amnestic MCI
- ☐ Atypical AD
  - ☐ PCA ☐ Lv PPA ☐ frontal AD ☐ motor variant
- ☐ AD

Non- AD Neurodegenerative Diseases

Plasma
- ☐ NfL Lumipulse®
- ☐ GFAP Lumipulse®

CSF
- ☐ NfL
- ☐ tTau

Required clinical information (please check all that apply):

Clinical Diagnosis:
- ☐ Frontotemporal Dementia
- ☐ Amyotrophic lateral sclerosis
- ☐ Multiple Sclerosis
- ☐ Traumatic Brain Injury (TBI)
- ☐ Chronic Traumatic Encephalopathy (CTE)
- ☐ Atypical Parkinson Disease
- ☐ Huntington Disease
- ☐ Creutzfeldt-Jakob disease
- ☐ Normal Pressure Hydrocephalus
- ☐ HIV-associated neurocognitive impairment
- ☐ Vascular Dementia
- ☐ Dementia with Lewy Body
- ☐ Parkinson Disease with Dementia
- ☐ Parkinson disease
- ☐ Corticobasal degeneration
- ☐ Progressive supranuclear palsy
- ☐ Multiple system atrophy
- ☐ Spinal Muscular Atrophy

APOE Genotyping

- ☐ Whole blood

OTHER COMMENTS (other diagnosis and/or special treatments, e.g. patient on kidney function medicine, last dose on DD/MM/YYYY):

REFERRING PHYSICIAN SIGNATURE

NAME & SIGNATURE OF REFERRING PHYSICIAN	**DATE** DAY / MONTH / YEAR

Lab Telephone: 604-822-7175; **Fax:** 604-822-0758
E-Mail: info@bcneuro.ca; **Website:** http://bcneuro.ca

INSTRUCTIONS FOR SENDING SAMPLES

- It is the responsibility of the Customer/Sender to ensure sample handling, sample identification, packaging, transportation, and delivery.
- Samples must have clear labelling and must be sent together with a completed requisition form.
- The referring hospital/clinic and the physician's name and contact information must be filled in on the requisition form.
- The sample should not be hemolytic, lipemic or icteric.

SPECIMEN COLLECTION

- No patient preparation is required for sample collection.
- Collection tubes:
  - For **plasma**, use K2 EDTA lavender-top vacutainer tubes.
    - Draw blood in collection tube(s) enough for a total of 2 to 5 mL plasma. Spin collection tubes, pool plasma (if necessary) and store refrigerated. Samples must be received at the laboratory within 48 hrs of collection and shipped on ice packs. If batch shipping, samples must be frozen and shipped on dry ice.
  - For **CSF,** use Sarstedt CSF Tube 63.614.625**.**
    - Collect CSF directly into two Sarstedt tubes and fill the tube 50% to 80% minimum. The specimen must not be aliquoted from a regular collection tube. Freeze immediately after aliquoting and avoid freeze-thaw cycles or multiple tube transfers. Package on dry ice for shipment.
  - For **APOE Genotyping** whole blood, use lavender-top (EDTA) tube (preferred), yellow-top (ACD) tube.
    - Draw blood in collection tube(s) enough for a minimum of 1 mL of blood. Package on ice pack for shipment.
    - Note: Minimum volume is 1 mL, but it does not allow for repeat testing.
- LABEL ALL SPECIMENS WITH PATIENT'S FULL NAME, DOB, AND SAMPLE COLLECTION DATE

SHIPPING & DELIVERY INSTRUCTIONS

- Packages should include labelled samples and completed and signed requisition forms. Samples should be shipped in accordance to IATA, ICAO, and TDG regulations.
- No weekend and statutory holiday deliveries.
- **Delivery Address:** **BC Neuroimmunology Laboratory Inc.**
  Room S-157, 2211 Wesbrook Mall
  Vancouver, BC V6T 2B5
  Telephone: 604-822-7175

[1] PRIVATE PAYMENT

Tests that are offered on a "private payment" basis can be paid by the requesting laboratory or the patient ("*Self-Pay*").

- For patients, all requested self-pay tests must be **PRE-PAID**, before samples can be processed by BC Neuroimmunology Laboratory Inc. Tests can be paid for by personal credit card or cheque. Please contact us at *accounting@bcneuro.ca* to pre-pay tests.
- For laboratories, please contact us for your payment options of invoices or email *accounting@bcneuro.ca* for more information.

[2] TEST DIRECTORY

For test-specific information, such as methodology, sample handling and stability, minimum volume, turnaround time, testing frequency, and terms of coverage under the BC Medical Services Plan, please see our test directory, which can be found on our website (https://bcneuro.ca/tests/).

DAP ISO 15189 ACCREDITATION

This facility has successfully met the accreditation requirements of the College of Physicians and Surgeons of BC Diagnostic Accreditation Program standards and been granted the internationally recognized DAP ISO 15189 accreditation award.

The personal information collected on this form and any medical data subsequently developed will be used and disclosed only as permitted or required by the *Personal Information Act.* The BC Neuroimmunology Laboratory Inc. privacy statement is available on our website (http://bcneuro.ca). Use of this form implies consent for the use of de-identified patient data and specimens for quality assurance purposes.

CLIENT NAME, CITY AND STATE

TEST REQUEST FORM

CLIENT NUMBER

X MCGILL UNIVERSITY HEALTH CENTRE 57706-

1001 Decarie Boulevard
Montreal, Quebec H4A 3J1

Quest Diagnostics™

Nichols Institute®
33608 Ortega Highway
San Juan Capistrano, CA 92675

PATIENT NAME (LAST)	FIRST	M.I.	SAMPLE I.D. NO.	FOR HOSPITAL ACCOUNTS ONLY-PATIENT STATUS ❑ INPATIENT ❑ OUTPATIENT ❑ NONPATIENT MEDICARE

GENDER M ◇ F ◇	BIRTHDATE	PATIENT I.D. NO.	PATIENT'S TELEPHONE NO.	DATE DRAWN MO. / DAY / YEAR	TIME DRAWN AM / PM	EXPECTED HIGH VALUES YES ◇ NO ◇

REFERRING PHYSICIAN	PHYSICIAN'S TELEPHONE NO.	STIMULATION TEST, SUPPRESSION TEST, OR SAMPLE SITE INFORMATION

FOR PATIENT OR THIRD PARTY BILLING COMPLETE INFORMATION REQUESTED BELOW. IF FORM IS NOT COMPLETED, CLIENT WILL BE BILLED.

BILL TO: ❑ CLIENT ❑ PATIENT ❑ INSURANCE ❑ MEDICARE ❑ MEDICAID: STATE: _____ ATTACH A COPY OF CURRENT INSURANCE CARD (FRONT & BACK)

HOSPITAL PATIENT STATUS

RESPONSIBLE PARTY _____

RELATION: ❑ SELF ❑ SPOUSE ❑ DEPENDENT

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SS# _____

PROVIDER OR NPI: _____

I authorize Quest Diagnostics to release information received including, without limitation, medical information, which includes laboratory test results, to my health plan/insurance carrier, and its authorized representatives. I further authorize my health plan/insurance carrier to directly pay Quest Diagnostics for the services rendered.

X _____
PATIENT SIGNATURE

POLICY NUMBER _____ GROUP NUMBER _____

INSURANCE COMPANY'S NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

Completion of this section is required for NY residents by the NYS Department of Health. Other states may require completion of all or part of this section.

County State Zip Code
(PATIENT INFORMATION)

I have received information regarding the nature of this genetic testing process.

X _____

AUTHORIZATION SIGNATURES AND REQUIRED INFORMATION

Physician Signature (Required for PA, NY, NJ & WV)

ABN required for tests with these symbols

Many payers (including Medicare and Medicaid) have medical necessity requirements. You should only order those tests which are medically necessary for the diagnosis and treatment of the patient.

+ Research/Experimental kits not approved by the FDA

ICD Codes (enter all that apply)

Reflex tests are performed at an additional charge.

Medicare Limited Coverage Tests

* = May not be covered for the reported diagnosis.
F = Has prescribed frequency rules for coverage.
+ = A test or service performed with research/experimental kit.
B = Has both diagnosis and frequency-related coverage limitations.

Provide signed ABN when necessary

CODE	X	TEST / PANEL NAME	SAMPLE ♦
92433	( )	Admark Alzheimer's Evaluation, CSF (FDA Cleared)	
		1mL CSF collected in CSF tube 63.614.625 Sarstedt ONLY	

WRITE ADDITIONAL TESTS (See Catalog) OR COMMENTS (e.g. BIOLOGICAL HAZARDS) INDICATE TIMING AND VOLUME OF 24 HOUR URINE COLLECTION. ♦ SEE REVERSE SIDE FOR KEY