**Request form for insulin receptor antibody testing**

**NOTE:**

* Insulin receptor antibody testing is provided by the Metabolic Research Laboratory, University of Cambridge.
* Due to the expense and time commitment of this assay, we will restrict its use to patients with clinical and biochemical evidence supporting a diagnosis of insulin receptor antibody mediated disease (Type B Insulin Resistance).
* Following a decision on testing we will liaise directly with the referrer regarding sample transfer to our laboratory.
* Please complete the form using the text/check boxes.

**Referring Clinician**

|  |
| --- |
| **Name:** |
| **Address:** |
| **Phone:** |
| **Email:** |

**Patient Details**

|  |  |
| --- | --- |
| **Name:** | **Date of birth:** |
| **Sex:** | **Ethnicity:** |

**Brief History**

|  |
| --- |
|  |

**Clinical assessment**

|  |  |
| --- | --- |
| Weight (Kg): | BMI (kg/m2): |

|  |  |  |  |
| --- | --- | --- | --- |
| Diabetes Mellitus |  | Impaired Glucose tolerance |  |
| Acanthosis Nigricans |  | Skin Tags |  |
| Hyperandrogenism |  | Ovarian Dysfunction |  |

**Biochemical assessment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parameter** | **Value** | **Units** | **Date tested** |
| HbA1c |  |  |  |
| Insulin (fasting) |  |  |  |
| C-peptide (fasting) |  |  |  |
| Glucose (fasting) |  |  |  |
| Triglyceride |  |  |  |
| High Density Lipoprotein |  |  |  |
| Alanine Aminotransferase |  |  |  |
| Gamma GT |  |  |  |
| Sex Hormone Binding Globulin |  |  |  |
| Leptin\* |  |  |  |
| Adiponectin\* |  |  |  |
| \*These tests are not accessible in every referral centre, please include where available | | | |

**Please return the completed form by:**

**Post**

Prof Sir Stephen O’Rahilly,

Metabolic Research Laboratories,

MRC-Wellcome Trust Institute of Metabolic Science,

Box 289 Addenbrooke’s Treatment Centre,

Cambridge Biomedical Campus,

CB20 QQ, United Kingdom.

**OR**

**E-mail**

[add-tr.insulinresistance@nhs.net](mailto:claire.adams16@nhs.net)

If you have any queries regarding completion of the request form please contact us by email at [catarina.lopes2@nhs.net](mailto:catarina.lopes2@nhs.net) or phone at +44(0)1223 768625