PERIPHERAL NERVE WORKUP (PNW) FORM

Study ID: _____ **Sex** (check one): ☐ Male ☐ Female

Year of visit: _____ **Year of birth**: _____

FIRST TIER					
1. Chemistry	Cr Level: _____	Year of Test: _____	☐ Normal	☐ Abnormal	☐ ND/NA
2. Glucose – HbA1c	Value: _____	Year of Test: _____	☐ Normal	☐ Abnormal	☐ ND/NA
Fasting Glucose	Value: _____	Year of Test: _____	☐ Normal	☐ Abnormal	☐ ND/NA
2-hour GTT	Value: _____	Year of Test: _____	☐ Normal	☐ Abnormal	☐ ND/NA
3a. Serum IFE		Year of Test: _____	☐ Normal	☐ Abnormal	☐ ND/NA
3b. Serum PEP		Year of Test: _____	☐ Normal	☐ Abnormal	☐ ND/NA
If SIFE/SPEP abnormal, mark one:		☐ monoclonal gammopathy	☐ Hypoglobulinemia		
Mark abnormal paraproteins:		☐ IgG ☐ IgA ☐ IgM ☐ Kappa ☐ Lambda ☐ Other: _____			
4. Vitamin B12	Value: _____	Year of Test: _____	☐ Normal	☐ Abnormal	☐ ND/NA
5. Lipid Profile		Year of Test: _____	☐ Normal	☐ Abnormal	☐ ND/NA
Cholesterol: _____		Triglycerides: _____	HDL: _____	LDL: _____	
SECOND TIER (Optional)					
8. MMA	Value: _____	Year of Test: _____	☐ Normal	☐ Abnormal	☐ ND/NA
9. Homocysteine	Value: _____	Year of Test: _____	☐ Normal	☐ Abnormal	☐ ND/NA
10. TSH	Value: _____	Year of Test: _____	☐ Normal	☐ Abnormal	☐ ND/NA
11a. Urine IFE		Year of Test: _____	☐ Normal	☐ Abnormal	☐ ND/NA
11b. Urine PEP		Year of Test: _____	☐ Normal	☐ Abnormal	☐ ND/NA
Found abnormalities: _____					
10. Kappa/Lambda		Year of Test: _____	☐ Normal	☐ Abnormal	☐ ND/NA
Ratio: _____		Kappa: _____	Lambda: _____		
13. Genetic Testing		Year of Test: _____	☐ Normal	☐ Abnormal	☐ ND/NA
VUS: Gene: _____		c. _____	p. _____		
14. MAYO panel		Year of Test: _____	☐ Normal	☐ Abnormal	☐ ND/NA
Abnormality: _____					
15. Vitamin E	Value: _____	Year of Test: _____	☐ Normal	☐ Abnormal	☐ ND/NA
16. Vitamin B1	Value: _____	Year of Test: _____	☐ Normal	☐ Abnormal	☐ ND/NA
17. Vitamin B6	Value: _____	Year of Test: _____	☐ Normal	☐ Abnormal	☐ ND/NA