Tests for treatable causes of small-fiber polyneuropathy

Patient name
Medical record number
Date of birth

Date: _____/_____/_____

ordered today	not yet tested	abnormal value	normal value	
				BLOOD TESTS TO CONSIDER FOR ADULTS
☐	☐	☐	☐	Complete blood count (if low, consider B12 or copper deficiency, lead/arsenic toxicity)
☐	☐	☐	☐	Chemistries (if high glucose test for DM; if renal dysfunction consider Fabry, mercury toxicity)
☐	☐	☐	☐	AST, ALT (liver function; if abnormal consider hepatitis or alcohol)
☐	☐	☐	☐	Hemoglobin A1c (if elevated strongly consider testing for diabetes)
☐	☐	☐	☐	TSH thyroid screening
☐	☐	☐	☐	Vitamin B12 levels (if 200-500pg/dl consider testing for methylmalonic acid)
☐	☐	☐	☐	ESR (sedimentation rate; if elevated, consider inflammatory/dysimmune conditions)
☐	☐	☐	☐	ANA (antinuclear antibodies; higher titers suggest lupus or dysimmune conditions)
☐	☐	☐	☐	Complement components C3 and C4 (if low, consider dysimmune conditions)
☐	☐	☐	☐	Anti-Ro (SS-A) and anti-La (SS-B) (if present, consider Sjögren's disease)
☐	☐	☐	☐	CRP (C-reactive protein; if elevated, consider inflammatory/dysimmune conditions)
☐	☐	☐	☐	Hepatitis C serology (if abnormal consider testing for cryoglobulins)
☐	☐	☐	☐	Lyme antibodies by Western blot (for inhabitant or visitor to endemic area)
☐	☐	☐	☐	SPEP/IFIX (immunofixation tests for lymphoproliferative disorders)
☐	☐	☐	☐	Free κ/λ light chains (tests for less common lymphoproliferative disorders)
☐	☐	☐	☐	IgA anti-TTG (transglutaminase antibodies; if present consider celiac sprue)
☐	☐	☐	☐	ACE (angiotensin converting enzyme; if elevated consider sarcoidosis)
				TESTS TO CONSIDER IN SPECIFIC POPULATIONS
☐	☐	☐	☐	2 hour, 75 g fasting glucose-tolerance test (strongly consider for all at risk for DM)
☐	☐	☐	☐	HIV (CDC recommends everyone ages 13-64 be tested ≥ once, high-risk more often)
☐	☐	☐	☐	Methylmalonic acid (consider if vitamin B12 level less than 500 pg/dL)
☐	☐	☐	☐	Thiamine (if low, consider vitamin B1 deficiency)
☐	☐	☐	☐	Pyridoxine (if elevated, consider vitamin B6 neurotoxicity)
☐	☐	☐	☐	Anti-ds DNA, anti-Smith (consider if ANA present)
☐	☐	☐	☐	Cryoglobulins, cryofibrinogens, viscosity (consider for myeloma, hep C, RA, SLE)
☐	☐	☐	☐	Fasting serum triglycerides (can worsen diabetic polyneuropathy)
☐	☐	☐	☐	Urine protein electrophoresis to identify Bence Jones paraproteins
☐	☐	☐	☐	24 hour urine for arsenic, lead, mercury, cadmium (for artists, welders, miners)
☐	☐	☐	☐	Phenotype-guided genetic sequencing esp. if family history (e.g., HSAN-1, SCN9A)
☐	☐	☐	☐	Abdominal fat-pad biopsy for amyloid
☐	☐	☐	☐	OTHER TEST PERFORMED_____

Check medications e.g., therapy for cancer or HIV, statins, colchicine, isoniazid, dapsone, hydralazine, lithium, phenytoin, vitamin B6, disulfiram, amiodarone, procainamide, perhexiline, streptokinase, nitrous oxide, metronidazole, nitrofurantoin, gold, thalidomide, TNF-antagonists, antimicrobials (chloramphenicol, fluoroquinolones, metronidazole, nitrofurantoin), history of GI surgery, malabsorption, alcoholism, work exposure to inorganic arsenic, thallium, mercury, industrial toxins, organophosphate insecticides.

References

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