Table 1: Anti-NMDAR antibody requests (August 2013 to July 2023).

	Total	Adults	Under 18
Requested	318/318 (100%)	286/318 (90%)	32/318 (10%)
Tested	288/318 (91%)	257/286 (90%)	31/32 (97%)
Detected	10/318 (3%)	9/286 (3%)	1/32 (3%)
Diagnosed	6/318 (2%)	6/286 (2%)	0/32 (0%)

Table 2: Probable anti-NMDAR encephalitis criteria.[3]

1. Rapid onset (less than 3 months) of at least four of the six following major groups of symptoms: a. Abnormal behaviour or cognitive dysfunction b. Speech dysfunction (pressured speech, verbal reduction, mutism) c. Seizures d. Movement disorders, dyskinesias, or rigidity/abnormal postures e. Decreased level of consciousness f. Autonomic dysfunction or central hypoventilation.
2. At least one of the following laboratory study results: a. Abnormal EEG (focal or diffuse slow or disorganised activity; epileptic activity, or extreme delta brush) b. CSF with pleocytosis or oligoclonal bands.
3. Reasonable exclusion of other disorders* a. The diagnosis of probable anti-NMDAR encephalitis can also be made in the presence of three of the above group of symptoms and identification of a teratoma. b. The diagnosis of definite anti-NMDAR encephalitis can be made in the presence of three of the above group of symptoms and IgG anti-GluN1 NMDA receptor antibodies after reasonable exclusion of other disorders.