## **Supplementary table 1: Initial (round 1) investigations (on-line supplement)**

Investigation	Comments		
Blood			
FBC/ ESR/ Vitamin B12/ folate/ total homocysteine/ methylmalonic acid/ electrolytes/ liver function tests/ thyroid function/ lipids	Total homocysteine and methylmalonic acid levels are a better functional indictor of B12 deficiency than B12 levels alone.		
Syphilis serology/ HIV/ Hepatitis B and C serology			
ANA/ ENA/ ANCA/ Double stranded DNA/ Lupus anticoagulant, anti-cardiolipin antibodies/ complement/ immunoglobulins- electrophoresis/ serum ACE/ anti-neuronal antibodies	Neuro-inflammatory syndromes to be considered include neuroscarcoidosis, neurolupus and paraneoplastic conditions.		
Vitamin E/ Copper, Caeruloplasmin/ lactate/ ammonia/ carbon monoxide			
CSF			
CSF: Protein, MC and S, glucose, oligoclonal bands (with matched serum), tau and Aβ	A raised tau level, and decreased A $\beta$ -42 level are seen in Alzheimer's disease, giving an increased ratio of tau to A $\beta$ -42 (lab dependent but typically >1)		
Imaging and other investigations			
MRI: standard MRI brain/ cervical spine plus Gadolinium; T2* can identify microhaemorhages	Classify the pattern of white matter change (see table 4)		
FDG-PET	To exclude underlying inflammatory conditions (eg. sarcoidosis) and malignancy		
Nerve conduction studies			
Visual evoked potentials			

## **Supplementary Figure 1:** (on-line supplement)

Magnetic Resonance Imaging (MRI) of a middle-aged patient with a two-year history of gait and cognitive difficulties. Axial T2-weighted (a & b) and coronal T1-weighted acquisitions demonstrate fairly symmetrical and predominantly frontal periventricular and deep white matter T2-weighted signal hyperintensity and volume loss, particularly of the corpus callosum. Note the ex-vacuo dilatation of the lateral ventricles secondary to the atrophy.

## **Supplementary Figure 2: (on-line supplement)**

Suggested algorithm for the evaluation of an adult with a suspected leukodystrophy