

Patient: [REDACTED]
 DOB: [REDACTED] Age: 57 Sex: M
 Patient Identifiers: [REDACTED]
 Visit Number (FIN): [REDACTED]

Client: [REDACTED]
 Physician: [REDACTED]

ARUP Test Code: 0051225
 Collection Date: 02/09/2024
 Received in lab: 02/12/2024
 Completion Date: 02/15/2024

MAG Antibody, IgM Elisa

<1000 TU (Ref Interval: 0-999)

INTERPRETIVE INFORMATION: MAG Antibody, IgM ELISA

An elevated IgM antibody concentration greater than 999 TU against myelin-associated glycoprotein (MAG) suggests active demyelination in peripheral neuropathy. A normal concentration (less than 999 TU) generally rules out an anti-MAG antibody-associated peripheral neuropathy.

TU=Titer Units

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

SGPG Antibody, IgM

0.11 IV (Ref Interval: 0.00-0.99)

INTERPRETIVE INFORMATION: SGPG Antibody, IgM

The majority of sulfate-3-glucuronyl paragloboside (SGPG) IgM-positive sera will show reactivity against MAG. Patients who are SGPG IgM positive and MAG IgM negative may have multi-focal motor neuropathy with conduction block.

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Asialo-GM1 Antibodies, IgG/IgM

13 IV (Ref Interval: 0-50)

GM1 Antibodies, IgG/IgM

62 IV H (Ref Interval: 0-50)

GD1a Antibodies, IgG/IgM

19 IV (Ref Interval: 0-50)

GD1b Antibodies, IgG/IgM

16 IV (Ref Interval: 0-50)

GQ1b Antibodies, IgG/IgM

9 IV (Ref Interval: 0-50)

INTERPRETIVE INFORMATION: Ganglioside (Asialo-GM1, GM1, GM2, GD1a, GD1b, and GQ1b) Antibodies, IgG/IgM

29 IV or less: Negative
 30-50 IV: Equivocal
 51-100 IV: Positive
 101 IV or greater: Strong Positive

Ganglioside antibodies are associated with diverse peripheral neuropathies. Elevated antibody levels to ganglioside-monosialic acid (GM1), and the neutral glycolipid, asialo GM1 are associated with motor or sensorimotor neuropathies, particularly multifocal motor neuropathy. Anti-GM1 may occur as IgM (polyclonal or monoclonal) or IgG antibodies. These antibodies may also be found in patients with diverse connective tissue diseases as well as normal individuals. GD1a antibodies are associated with different variants of Guillain-Barre syndrome (GBS) particularly acute motor axonal neuropathy while GD1b antibodies are predominantly



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 ARUP Accession: 24-040-144269

Motor Neuropathy Panel

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found in sensory ataxic neuropathy syndrome. Anti-GQ1b antibodies are seen in more than 80 percent of patients with Miller-Fisher syndrome and may be elevated in GBS patients with ophthalmoplegia. The role of isolated anti-GM2 antibodies is unknown. These tests by themselves are not diagnostic and should be used in conjunction with other clinical parameters to confirm disease.

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Immunoglobulin G	314 mg/dL	L	(Ref Interval: 768-1632)
Immunoglobulin A	67 mg/dL	L	(Ref Interval: 68-408)
Immunoglobulin M	75 mg/dL		(Ref Interval: 35-263)
Total Protein, Serum	6.2 g/dL	L	(Ref Interval: 6.3-8.2)
Albumin	4.25 g/dL		(Ref Interval: 3.75-5.01)
Alpha 1 Globulin	0.31 g/dL		(Ref Interval: 0.19-0.46)
Alpha 2 Globulin	0.71 g/dL		(Ref Interval: 0.48-1.05)
Beta Globulin	0.55 g/dL		(Ref Interval: 0.48-1.10)
Gamma	0.38 g/dL	L	(Ref Interval: 0.62-1.51)
Monoclonal Protein	Not Applicable g/dL		
Immunofixation	IFE Done		
SPEP/IFE Interpretation	See Note Hypogammaglobulinemia. A Kappa/Lambda Quantitative Free Light Chain (0055167) on a serum sample may also be of diagnostic value. Restricted band of protein migration in the gamma region which is too small to quantify. IFE gel shows a faint band in IgG lambda which may be indicative of a specific immune response or an early monoclonal protein. Close clinical correlation with IFE follow-up is suggested, if clinically indicated.		

Note: Electrophoresis image and Immunofixation (IFE) Gel image, as applicable, continue on following page.

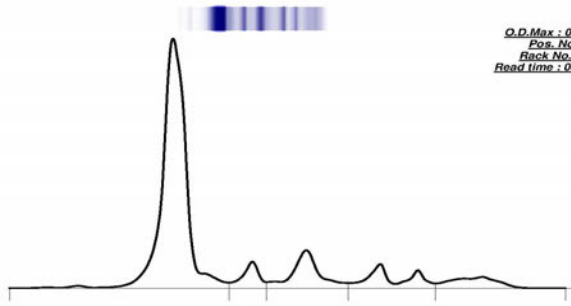


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Electrophoresis Image



Immunofixation (IFE) Gel Image

