

Client: Example Client ABC123  
123 Test Drive  
Salt Lake City, UT 84108  
UNITED STATES

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB:** Unknown  
**Gender:** Unknown  
**Patient Identifiers:** 01234567890ABCD, 012345  
**Visit Number (FIN):** 01234567890ABCD  
**Collection Date:** 00/00/0000 00:00

**Acetylcholine Receptor Antibody Reflexive Panel**

ARUP test code 2001571

Acetylcholine Binding Antibody **85.0 nmol/L H (Ref Interval: 0.0-0.4)**

Acetylcholine receptor binding antibody result is positive. Sample will reflex to modulating antibody testing.

INTERPRETIVE INFORMATION: Acetylcholine Binding Ab

Negative ..... 0.0 - 0.4 nmol/L  
Positive ..... 0.5 nmol/L or greater

Approximately 85-90 percent of patients with myasthenia gravis (MG) express antibodies to the acetylcholine receptor (AChR), which can be divided into binding, blocking, and modulating antibodies. Binding antibody can activate complement and lead to loss of AChR. Blocking antibody may impair binding of acetylcholine to the receptor, leading to poor muscle contraction. Modulating antibody causes receptor endocytosis resulting in loss of AChR expression, which correlates most closely with clinical severity of disease. Approximately 10-15 percent of individuals with confirmed myasthenia gravis have no measurable binding, blocking, or modulating antibodies.

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.

Acetylcholine Blocking Antibody **90 % H (Ref Interval: 0-26)**

H=High, L=Low, \*=Abnormal, C=Critical

**INTERPRETIVE INFORMATION: Acetylcholine Blocking Ab**

Negative ..... 0-26 percent blocking  
Indeterminate ..... 27-41 percent blocking  
Positive ..... 42 percent or greater blocking

Approximately 85-90 percent of patients with myasthenia gravis (MG) express antibodies to the acetylcholine receptor (AChR), which can be divided into binding, blocking, and modulating antibodies. Binding antibody can activate complement and lead to loss of AChR. Blocking antibody may impair binding of acetylcholine to the receptor, leading to poor muscle contraction. Modulating antibody causes receptor endocytosis resulting in loss of AChR expression, which correlates most closely with clinical severity of disease. Approximately 10-15 percent of individuals with confirmed myasthenia gravis have no measurable binding, blocking, or modulating antibodies.

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**Acetylcholine Receptor Modulating Antibody**

ARUP test code 0099521

**Acetylcholine Modulating Antibody**

**50 % H (Ref Interval: <=45)**

**INTERPRETIVE INFORMATION: Acetylcholine Modulating Ab**

Negative ..... 0-45 percent modulating  
Positive ..... 46 percent or greater modulating

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**H=High, L=Low, \*=Abnormal, C=Critical**

Unless otherwise indicated, testing performed at:

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Acetylcholine Binding Antibody	24-100-114346	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Acetylcholine Blocking Antibody	24-100-114346	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Acetylcholine Modulating Antibody	24-100-114346	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

END OF CHART

H=High, L=Low, \*=Abnormal, C=Critical

Unless otherwise indicated, testing performed at:

ARUP LABORATORIES | 800-522-2787 | aruplab.com  
500 Chipeta Way, Salt Lake City, UT 84108-1221  
Jonathan R. Genzen, MD, PhD, Laboratory Director

Patient: Patient, Example  
ARUP Accession: 24-100-114346  
Patient Identifiers: 01234567890ABCD, 012345  
Visit Number (FIN): 01234567890ABCD  
Page 3 of 3 | Printed: 4/9/2024 2:16:04 PM  
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