

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 1/5/1990
Gender: Female
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 00/00/0000 00:00

Acetylcholine Receptor Antibodies and Striated Muscle Antibodies Reflexive Panels, and Titin Antibody

ARUP test code 2005639

Striated Muscle Antibodies, IgG Screen

<1:40

(Ref Interval: <1:40)

Striated Muscle Antibodies, IgG are not detected. No further testing will be performed.

INTERPRETIVE DATA: Striated Muscle Antibodies, IgG Screen

In the presence of acetylcholine receptor (AChR) antibody, striated muscle antibodies, which bind in a cross-striational pattern to skeletal and heart muscle tissue sections, are associated with late-onset myasthenia gravis (MG). Striated muscle antibodies recognize epitopes on three major muscle proteins, including: titin, ryanodine receptor (RyR) and Kv1.4 (an alpha subunit of voltage-gated potassium channel [VGKC]). Isolated cases of striated muscle antibodies may be seen in patients with certain autoimmune diseases, rheumatic fever, myocardial infarction, and following some cardiomy procedures.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement A: aruplab.com/CS

Acetylcholine Binding Antibody

1.6 nmol/L H

(Ref Interval: 0.0-0.4)

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.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS

Acetylcholine Blocking Antibody

15 %

(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.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS

Titin Antibody

0.12 IV (Ref Interval: 0.00-0.45)

INTERPRETIVE INFORMATION: Titin Antibody

Negative 0.00 - 0.45 IV
 Indeterminate ... 0.46 - 0.71 IV
 Positive 0.72 IV or greater

The presence of titin antibody is associated with late onset of myasthenia gravis (MG) and a variable risk for thymoma. Titin antibody may be detected in 20-40 percent of all patients with MG; higher frequency in older population as a whole.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement D: aruplab.com/CS

Acetylcholine Receptor Modulating Antibody

ARUP test code 0099521

Acetylcholine Modulating Antibody

0 % (Ref Interval: <=45)

INTERPRETIVE INFORMATION: Acetylcholine Modulating Ab

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

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.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS

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

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Striated Muscle Antibodies, IgG Screen	20-112-112748	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Acetylcholine Binding Antibody	20-112-112748	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Acetylcholine Blocking Antibody	20-112-112748	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Acetylcholine Modulating Antibody	20-112-112748	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Titin Antibody	20-112-112748	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