

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 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.

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 Binding Antibody

0.0 nmol/L

(Ref Interval: 0.0-0.4)

Acetylcholine receptor binding antibody result is negative. Sample will not reflex to modulating antibody testing unless blocking result is 27 percent or greater.

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

**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.

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**Acetylcholine Blocking Antibody**

4 % (Ref Interval: 0-26)

**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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**Titin Antibody**

<0.09 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.

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

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Striated Muscle Antibodies, IgG Screen	24-072-110114	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Acetylcholine Binding Antibody	24-072-110114	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Acetylcholine Blocking Antibody	24-072-110114	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Titin Antibody	24-072-110114	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: 24-072-110114  
Patient Identifiers: 01234567890ABCD, 012345  
Visit Number (FIN): 01234567890ABCD  
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