

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 8/31/2000
Gender: Male
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 01/01/2017 12:34

Leucine-Rich, Glioma-Inactivated Protein 1 Antibody, IgG and Contactin-Associated Protein-2 Antibody, IgG with Reflex to Titers, Serum

ARUP test code 2009460

CASPR2 Ab IgG Screen by IFA, Serum

<1:10

(Ref Interval: <1:10)

CASPR2 Antibody, IgG is not detected. No further testing will be performed.

INTERPRETIVE INFORMATION: CASPR2 Ab IgG w/Reflex to Titer, Serum

Contactin-associated protein-2 (CASPR2) IgG antibody may occur as part of the voltage-gated potassium channel (VGKC) complex antibodies.

The presence of CASPR2 IgG antibody is associated with a wide spectrum of clinical manifestations, including acquired neuromyotonia, limbic encephalitis, painful neuropathy and Morvan syndrome. Tumors such as thymoma, small-cell lung cancer, and other rarer tumors may occur. The full-spectrum of clinical disorders and tumors associated with the CASPR2 IgG antibody continues to be defined. Results should be interpreted in correlation with the patient's clinical history and other laboratory findings.

This indirect fluorescent antibody assay utilizes contactin-associated protein-2 (CASPR2) transfected cell lines for the detection and semi-quantification of the CASPR2 IgG antibody.

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

LGI1 Ab IgG Screen by IFA, Serum

<1:10

(Ref Interval: <1:10)

LGI1 Antibody, IgG is not detected. No further testing will be performed.

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
Tracy I. George, MD, Laboratory Director

Patient: Patient, Example
ARUP Accession: 20-027-400505
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
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4848

INTERPRETIVE INFORMATION: LGI1 Ab IgG w/Reflex to Titer, Serum
Leucine-rich, glioma-inactivated 1 protein (LGI1) IgG antibody may occur as part of the voltage-gated potassium channel (VGKC) complex antibodies.

The presence of LGI1 IgG antibody is mainly associated with limbic encephalitis, hyponatremia and myoclonic movements. LGI1 IgG antibody is rarely associated with tumors but may occur infrequently in Morvan syndrome, neuromyotonia and idiopathic epilepsy. The full-spectrum of clinical disorders associated with the LGI1 IgG antibody continues to be defined. Results should be interpreted in correlation with the patient's clinical history and other laboratory findings.

This indirect fluorescent antibody assay utilizes leucine-rich, glioma-inactivated 1 protein (LGI1) transfected cell lines for the detection and semi-quantification of the LGI1 IgG antibody.

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

Autoimmune Encephalitis Reflexive Panel, Serum

ARUP test code 2013601

N-methyl-D-Aspartate Receptor Ab, Serum **1:1280** * (Ref Interval: <1:10)

Antibodies to NMDA were detected; titer was performed at an additional charge.

INTERPRETIVE INFORMATION: N-methyl-D-Aspartate Receptor Ab, Serum
Anti-NMDA receptor IgG antibody is found in a subset of patients with autoimmune limbic encephalitis and may occur with or without associated tumor. Decreasing antibody levels may be associated with therapeutic response; therefore, clinical correlation must be strongly considered. A negative test result does not rule out a diagnosis of autoimmune limbic encephalitis.

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

Aquaporin-4 Receptor Antibody <1.5 U/mL (Ref Interval: <=2.9)

AQP4 antibodies not detected by ELISA. No further testing to follow.

INTERPRETIVE INFORMATION: Aquaporin-4 Receptor Antibody

Negative 2.9 U/mL or less
Positive 3.0 U/mL or greater

Approximately 75 percent of patients with neuromyelitis optica (NMO) express antibodies to the aquaporin-4 (AQP4) receptor. Diagnosis of NMO requires the presence of longitudinally extensive acute myelitis (lesions extending over 3 or more vertebral segments) and optic neuritis. While absence of antibodies to the AQP4 receptor does not rule out the diagnosis of NMO, presence of this antibody is diagnostic for NMO.

Voltage-Gated Potassium Channel Ab, Ser **48 pmol/L** H (Ref Interval: 0-31)

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Repeated and Verified
Leucin-Rich, Glioma Inactivated Protein 1 Antibody, IgG and
Contactin-Associated Protein-2 Antibody, IgG with Reflex to
Titers added.

INTERPRETIVE INFORMATION: Voltage-Gated Potassium Channel
(VGKC) Antibody, Serum

Negative 31 pmol/L or less
Indeterminate... 32 - 87 pmol/L
Positive 88 pmol/L or greater

Voltage-Gated Potassium Channel (VGKC) antibodies are associated with neuromuscular weakness as found in neuromyotonia (also known as Issacs syndrome) and Morvan syndrome. VGKC antibodies are also associated with paraneoplastic neurological syndromes and limbic encephalitis; however, VGKC antibody-associated limbic encephalitis may be associated with antibodies to leucine-rich, glioma-inactivated 1 protein (LGII) or contactin-associated protein-2 (CASPR2) instead of potassium channel antigens. A substantial number of VGKC-antibody positive cases are negative for LGII and CASPR2 IgG autoantibodies, not all VGKC complex antigens are known. The clinical significance of this test can only be determined in conjunction with the patient's clinical history and related laboratory testing.

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

Glutamic Acid Decarboxylase Antibody

<5.0 IU/mL (Ref Interval: 0.0-5.0)

INTERPRETIVE INFORMATION: Glutamic Acid Decarboxylase Antibody

A value greater than 5.0 IU/mL is considered positive for Glutamic Acid Decarboxylase Antibody (GAD Ab). This assay is intended for the semi-quantitative determination of the GAD Ab in human serum. Results should be interpreted within the context of clinical symptoms.

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VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
N-methyl-D-Aspartate Receptor Ab, Serum	20-027-400505	1/25/2020 3:17:00 AM	1/28/2020 3:15:16 PM	1/30/2020 12:13:00 PM
CASPR2 Ab IgG Screen by IFA, Serum	20-027-400505	1/25/2020 3:17:00 AM	2/1/2020 5:31:03 PM	2/5/2020 3:37:00 PM
LG11 Ab IgG Screen by IFA, Serum	20-027-400505	1/25/2020 3:17:00 AM	2/1/2020 5:31:03 PM	2/5/2020 3:38:00 PM
Aquaporin-4 Receptor Antibody	20-027-400505	1/25/2020 3:17:00 AM	1/28/2020 3:15:16 PM	1/30/2020 11:58:00 AM
Voltage-Gated Potassium Channel Ab, Ser	20-027-400505	1/25/2020 3:17:00 AM	1/28/2020 3:15:16 PM	2/1/2020 5:31:00 PM
Glutamic Acid Decarboxylase Antibody	20-027-400505	1/25/2020 3:17:00 AM	1/28/2020 3:15:16 PM	1/29/2020 2:59:00 PM

END OF CHART

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