

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 |
| Visit Number (FIN): | 01234567890ABCD |

Muscle-Specific Kinase (MuSK) Antibody, IgG by CBA-IFA with Reflex to Titer, Serum ARUP test code 3006198

| MuSK Ab IgG CBA IFA Screen, Serum | <1:10 MuSK Antibody, IgG is not det performed. | (Ref Interval: <1:10) cected. No further testing will be |
|-----------------------------------|--|--|
| | | K IgG Ab CBA, Serum, with Rflx |
| | patients with myasthenia grav for muscle acetylcholine rece antibody levels may be associ therefore, clinical correlati | antibody is found in a subset of vis, primarily those seronegative eptor (AChR) antibody. Decreasing ated with therapeutic response; on must be strongly considered. A rule out a diagnosis of myasthenia |
| | This indirect fluorescent ant utilizes muscle-specific kina detection of the MuSK IgG ant | se (MuSK) transfected cells for the |
| | determined by ARUP Laboratori approved by the U.S. Food and | ts performance characteristics es. It has not been cleared or I Drug Administration. This test was I laboratory and is intended for |

Acetylcholine Receptor Binding Antibody with reflex to Muscle-Specific Kinase (MuSK) Ab, IgG ARUP test code 3001868

Acetylcholine Binding Antibody

0.0 nmol/L

(Ref Interval: 0.0-0.4)

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



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.

| VERIFIED/REPORTED DATES | | | | | | |
|-----------------------------------|---------------|------------------|------------------|-------------------|--|--|
| Procedure | Accession | Collected | Received | Verified/Reported | | |
| MuSK Ab IgG CBA IFA Screen, Serum | 23-188-114042 | 00/00/0000 00:00 | 00/00/0000 00:00 | 00/00/0000 00:00 | | |
| Acetylcholine Binding Antibody | 23-188-114042 | 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: 23-188-114042 Patient Identifiers: 01234567890ABCD, 012345 Visit Number (FIN): 01234567890ABCD Page 2 of 2 | Printed: 7/10/2023 8:11:14 AM 4848