

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

Autoimmune Neurologic Disease Panel With Reflex, CSF

ARUP test code 3006052

NMDA Receptor Ab IgG CBA-IFA, CSF

< 1:1

(Ref Interval: < 1:1)

Antibodies to NMDA were not detected, no additional testing to follow.

INTERPRETIVE INFORMATION: NMDA Receptor Ab IgG CBA-IFA, CSF

NMDA receptor 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. In addition, positive results have been reported in patients with non-autoimmune phenotypes. A negative test result does not rule out a diagnosis of autoimmune limbic encephalitis. Results should be interpreted in correlation with the patient's clinical history and other laboratory findings.

This indirect fluorescent antibody assay utilizes full-length GluN1 transfected cell lines for the detection and semiguantification of NMDA receptor IgG antibody.

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.

Paraneoplastic Abs (PCCA/ANNA) IgG, CSF

None Detected

(Ref Interval: None Detected)

ANNA-1, ANNA-2, PCCA-1 or PCCA-Tr(DNER) antibodies not detected. No further testing will be performed.

INTERPRETIVE INFORMATION: Paraneoplastic Abs (PCCA/ANNA) IgG, CSF

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.

AMPA Receptor Ab IgG CBA-IFA Screen, CSF

< 1:1

(Ref Interval: < 1:1)

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

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

Patient: Patient, Example
ARUP Accession: 24-053-101710
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Page 1 of 8 | Printed: 2/22/2024 10:08:21 AM



INTERPRETIVE INFORMATION: AMPA Receptor Ab IgG CBA-IFA

INTERPRETIVE INFORMATION: AMPA Receptor Ab IgG CBA-IFA Screen, CSF
Alpha-amino-3-hydroxy-5-methyl-4-isoxazoleproprionic acid receptor (AMPAR) 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. A negative test result does not rule out a diagnosis of autoimmune encephalitis. Results should be interpreted in correlation with the patient's clinical history and other laboratory findings.

This indirect fluorescent antibody assay utilizes AMPAR transfected cell lines for detection and semiquantification of AMPAR IgG antibody.

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.

GABA-BR Ab IgG CBA-IFA Screen, CSF

< 1:1

(Ref Interval: < 1:1)

GABA-BR Antibody, IgG is not detected. No further testing will be performed.

INTERPRETIVE INFORMATION: GABA-BR Ab IgG CBA-IFA Screen, CSF

Gamma-amino butyric acid receptor, type B (GABA-BR) antibody is found in a subset of patients with autoimmune epilepsy and other autoimmune neurologic phenotypes; it may occur with or without associated tumor. Decreasing antibody levels may be associated with therapeutic response. A negative test result does not rule out a diagnosis of autoimmune neurologic disease. Results should be interpreted in correlation with the patient's clinical history and other laboratory findings.

This indirect fluorescent antibody assay utilizes GABA-BR transfected cell lines for the detection and semiquantification of GABA-BR IgG antibody.

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.

CASPR2 Ab IgG CBA-IFA Screen, CSF

< 1:1

(Ref Interval: < 1:1)

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

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



INTERPRETIVE INFORMATION: CASPR2 Ab IgG CBA-IFA Screen, CSF

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 CASPR2 transfected cell lines for the detection and semiquantification of the CASPR2 IgG antibody.

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.

LGI1 Ab IgG CBA-IFA Screen, CSF

< 1:1

(Ref Interval: < 1:1)</pre>

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

INTERPRETIVE INFORMATION: LGI1 Ab IgG CBA-IFA Screen, CSF

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 LGI1 transfected cell lines for the detection and semi-quantification of the LGI1 IgG antibody.

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.

CV2 Ab IgG CBA-IFA Screen, CSF

< 1:1

(Ref Interval: < 1:1)

 $\ensuremath{\mathsf{CV2}}$ Antibody, $\ensuremath{\mathsf{IgG}}$ is not detected. No further testing will be performed.

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



INTERPRETIVE INFORMATION: CV2 Ab IgG CBA-IFA Screen, CSF

CV2 antibodies aid in discriminating between chronic paraneoplastic neurological disorder (PND) and other inflammatory disorders of the nervous system. Anti-CV2 is associated with small-cell lung cancer and thymoma. A negative test result does not rule out a diagnosis of autoimmune neurologic disease. Results should be interpreted in correlation with the patient's clinical history and other laboratory findings.

This indirect fluorescent antibody assay utilizes CV2 transfected cell lines for the detection and semiquantification of the CV2 IgG antibody.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

SOX1 Antibody, IgG by Immunoblot, CSF

Negative

(Ref Interval: Negative)

INTERPRETIVE INFORMATION: SOX1 Antibody, IgG by Immunoblot, ${\sf CSF}$

CSF
SOX1 antibody is detected in patients with Lambert-Eaton myasthenic syndrome (LEMS) and in patients with paraneoplastic cerebellar degeneration (PCD), paraneoplastic and nonparaneoplastic neuropathy. SOX1 antibody is associated with small cell lung cancer. A negative test result does not rule out a diagnosis of LEMS or other causes of paraneoplastic neurological syndrome.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

Amphiphysin Antibody, CSF

Negative

(Ref Interval: Negative)

INTERPRETIVE INFORMATION: Amphiphysin Antibody IgG, CSF

Amphiphysin antibody is present in about 5 percent of patients with stiff-person syndrome and is found variably in other causes of paraneoplastic neurological syndrome (PNS). Amphiphysin antibody is mainly associated with small-cell lung cancer and breast tumors.

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.

DPPX Ab IgG CBA-IFA Screen, CSF

< 1:1

(Ref Interval: < 1:1)

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

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



INTERPRETIVE INFORMATION: DPPX Ab IgG CBA-IFA Screen, CSF

DPPX antibody is found in a subset of patients with autoimmune encephalitis, and is often associated with prodromal gastrointestinal symptoms and unintentional weight loss. It may occur with or without associated tumor. Decreasing antibody levels may be associated with therapeutic response. A negative test result does not rule out a diagnosis of autoimmune neurologic disease. Results should be interpreted in correlation with the patient's clinical history and other laboratory findings.

This indirect fluorescent antibody assay utilizes DPPX transfected cells for the detection and semiquantification of the DPPX IgG antibody.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

GABA-AR Ab IgG CBA-IFA Screen, CSF

< 1:1

(Ref Interval: < 1:1)

GABA-AR Antibody, IgG is not detected. No further testing will be performed.

INTERPRETIVE INFORMATION: GABA-AR Ab IgG CBA-IFA Screen, CSF

Gamma-aminobutyric acid receptor, type A (GABA-AR) antibody is found in a subset of patients with autoimmune encephalitis or autoimmune epilepsy, and may occur with or without associated tumor. A negative test result does not rule out a diagnosis of autoimmune limbic encephalitis or autoimmune epilepsy. Interpretation of any anti-neural antibody test requires clinical correlation.

This indirect fluorescent antibody assay utilizes GABA-AR transfected cell lines for detection and semi-quantification of GABA-AR IgG antibody.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

ITPR1 Ab IgG CBA-IFA Screen, CSF

< 1:1

(Ref Interval: < 1:1)

ITPR1 Antibody, IgG is not detected. No further testing will be performed.

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



INTERPRETIVE INFORMATION: ITPR1 Ab IgG CBA-IFA Screen, CSF

Inositol 1, 4, 5-trisphosphate receptor type 1 (ITPR1) antibody is found in a subset of patients with autoimmune cerebellar ataxia, encephalitis, neuropathy, or myelopathy and may occur with or without associated tumor. A negative test result does not rule out a diagnosis of autoimmune cerebellar ataxia or related autoimmune neurologic disorders. Interpretation of any anti-neural antibody test requires clinical correlation.

This indirect fluorescent antibody assay utilizes ITPR1 transfected cell lines for detection and semi-quantification of ITPR1 IgG antibody.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

IgLON5 Ab IgG CBA-IFA Screen, CSF

< 1:1

(Ref Interval: < 1:1)

 ${\tt IgLON5}$ Antibody, ${\tt IgG}$ is not detected. No further testing will be performed.

INTERPRETIVE INFORMATION: IgLON5 Ab IgG CBA-IFA Screen, CSF

IgLON Family Member 5 (IgLON5) antibody is found in a subset of patients with autoimmune encephalitis or other autoimmune neurologic/neurodegenerative disorders and may occur with or without associated tumor. A negative test result does not rule out a diagnosis of an autoimmune neurologic disorder. Interpretation of any anti-neural antibody test requires clinical correlation.

This indirect fluorescent antibody assay utilizes IgLON5 transfected cell lines for detection and semi-quantification of IgLON5 IgG antibody.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

mGluR1 Ab IgG CBA-IFA Screen, CSF

< 1:1

(Ref Interval: < 1:1)

 ${\tt mGluR1}$ Antibody, IgG is not detected. No further testing will be performed.

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



INTERPRETIVE INFORMATION: mGluR1 Ab igG CBA-IFA Screen, CSF

Metabotropic glutamate receptor 1 (mGluR1) antibody is found in a subset of patients with autoimmune cerebellar ataxia or autoimmune encephalitis and may occur with or without associated tumor. A negative test result does not rule out a diagnosis of autoimmune cerebellar ataxia or limbic encephalitis. Interpretation of any anti-neural antibody test requires clinical correlation.

This indirect fluorescent antibody assay utilizes mGluR1 transfected cell lines for detection and semi-quantification of mGluR1 IgG antibody.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

Voltage-Gated Potassium Channel Ab, CSF

0.0 pmo1/L

(Ref Interval: 0.0-1.1)

INTERPRETIVE INFORMATION: Voltage-Gated Potassium Channel

Voltage-Gated Potassium Channel (VGKC) Antibody, CSF

Voltage-Gated Potassium Channel (VGKC) antibodies are associated with neuromuscular weakness as found in neuromyotonia (also with neuromuscular weakness as found in neuromyotonia (also known as Issaes 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 (LGI1) or contactin-associated protein-2 (CASPR2) instead of potassium channel antigens. A substantial number of VGKC-antibody positive cases are negative for LGI1 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.

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.

Glutamic Acid Decarboxylase Antibody CSF

<5.0 IU/mL

(Ref Interval: 0.0-5.0)

INTERPRETIVE INFORMATION: Glutamic Acid Decarboxylase Antibody, CSF A_value greater than 5.0 IU/mL is considered positive for glutamic acid decarboxylase antibody (GAD AB CSF).

This assay is intended for the semi-quantitative determination of the GAD Ab in human CSF. Results should be interpreted within the context of clinical symptoms.

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.

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



| VERIFIED/REPORTED DATES | | | | |
|--|---------------|------------------|------------------|-------------------|
| Procedure | Accession | Collected | Received | Verified/Reported |
| NMDA Receptor Ab IgG CBA-IFA, CSF | 24-053-101710 | 00/00/0000 00:00 | 00/00/0000 00:00 | 00/00/0000 00:00 |
| Paraneoplastic Abs (PCCA/ANNA) IgG, CSF | 24-053-101710 | 00/00/0000 00:00 | 00/00/0000 00:00 | 00/00/0000 00:00 |
| AMPA Receptor Ab IgG CBA-IFA Screen, CSF | 24-053-101710 | 00/00/0000 00:00 | 00/00/0000 00:00 | 00/00/0000 00:00 |
| GABA-BR Ab IgG CBA-IFA Screen, CSF | 24-053-101710 | 00/00/0000 00:00 | 00/00/0000 00:00 | 00/00/0000 00:00 |
| CASPR2 Ab IgG CBA-IFA Screen, CSF | 24-053-101710 | 00/00/0000 00:00 | 00/00/0000 00:00 | 00/00/0000 00:00 |
| LGI1 Ab IgG CBA-IFA Screen, CSF | 24-053-101710 | 00/00/0000 00:00 | 00/00/0000 00:00 | 00/00/0000 00:00 |
| CV2 Ab IgG CBA-IFA Screen, CSF | 24-053-101710 | 00/00/0000 00:00 | 00/00/0000 00:00 | 00/00/0000 00:00 |
| SOX1 Antibody, IgG by Immunoblot, CSF | 24-053-101710 | 00/00/0000 00:00 | 00/00/0000 00:00 | 00/00/0000 00:00 |
| Amphiphysin Antibody, CSF | 24-053-101710 | 00/00/0000 00:00 | 00/00/0000 00:00 | 00/00/0000 00:00 |
| DPPX Ab IgG CBA-IFA Screen, CSF | 24-053-101710 | 00/00/0000 00:00 | 00/00/0000 00:00 | 00/00/0000 00:00 |
| GABA-AR Ab IgG CBA-IFA Screen, CSF | 24-053-101710 | 00/00/0000 00:00 | 00/00/0000 00:00 | 00/00/0000 00:00 |
| ITPR1 Ab IgG CBA-IFA Screen, CSF | 24-053-101710 | 00/00/0000 00:00 | 00/00/0000 00:00 | 00/00/0000 00:00 |
| IgLON5 Ab IgG CBA-IFA Screen, CSF | 24-053-101710 | 00/00/0000 00:00 | 00/00/0000 00:00 | 00/00/0000 00:00 |
| mGluR1 Ab IgG CBA-IFA Screen, CSF | 24-053-101710 | 00/00/0000 00:00 | 00/00/0000 00:00 | 00/00/0000 00:00 |
| Voltage-Gated Potassium Channel Ab, CSF | 24-053-101710 | 00/00/0000 00:00 | 00/00/0000 00:00 | 00/00/0000 00:00 |
| Glutamic Acid Decarboxylase Antibody CSF | 24-053-101710 | 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