

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 Dysautonomia Panel, Serum

ARUP test code 3006203

Purkinje Cell/Neuronal Nuclear IgG Scrn

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: Purkinje Cell/Neuronal Nuclear IgG Scrn

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, Serum

<1:10

(Ref Interval: <1:10)

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

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

<1:10

(Ref Interval: <1:10)

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

4848



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

INTERPRETIVE INFORMATION: LGI1 Ab IgG CBA-IFA Screen, 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 LGI1 transfected cell lines for the detection and semiquantification 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, Serum

<1:100

(Ref Interval: <1:100)

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

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

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 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, Serum

<1:10

(Ref Interval: <1:10)

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

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

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

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.

Ganglionic Acetylcholine Receptor Ab

0.0 pmol/L (Ref Interval: 0.0-8.4)

REFERENCE INTERVAL: Ganglionic Acetylcholine Receptor Ab

Negative 0.0-8.4 pmol/L Indeterminate . . . 8.5-11.6 pmol/L

Positive 11.7 pmol/L or greater

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
Purkinje Cell/Neuronal Nuclear IgG Scrn	24-057-100502	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
CASPR2 Ab IgG CBA-IFA Screen, Serum	24-057-100502	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
LGI1 Ab IgG CBA-IFA Screen, Serum	24-057-100502	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
CV2 Ab IgG CBA-IFA Screen, Serum	24-057-100502	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
DPPX Ab IgG CBA-IFA Screen, Serum	24-057-100502	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Ganglionic Acetylcholine Receptor Ab	24-057-100502	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

Patient: Patient, Example ARUP Accession: 24-057-100502 Patient Identifiers: 01234567890ABCD, 012345 Visit Number (FIN): 01234567890ABCD Page 3 of 3 | Printed: 2/26/2024 11:16:01 AM

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