ARUP LABORATORIES
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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 Movement Disorder Panel, Serum

ARUP test code 3006206

Neuronal Antibody (Amphiphysin)	Negative	(Ref Interval: Negative)

INTERPRETIVE INFORMATION: Amphiphysin Antibody, IgG

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.

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.

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

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

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

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.

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 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 by IFA, 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.

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 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

INTERPRETIVE INFORMATION: LGI1 Ab IgG Screen by IFA, 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.

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.

CV2.1 Antibody IgG Screen by IFA	<1:10	(Ref Interval: <1:10)

CV2.1 Antibody, IgG is not detected. No further testing will be performed.

INTERPRETIVE INFORMATION: CV2.1 Antibody IgG Screen by IFA

CV2.1 antibodies aid in discriminating between chronic paraneoplastic neurological disorder (PND) and other inflammatory disorders of the nervous system. Anti-CV2.1 is associated with small-cell lung cancer and thymoma.

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 Screen, Serum	<1:10	(Ref Interval: <1:10)

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

INTERPRETIVE INFORMATION: AMPA Receptor Ab IgG Screen, Serum
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; therefore, clinical correlation must be strongly considered. A negative test result does not rule out a diagnosis of autoimmune encephalitis.

This indirect fluorescent antibody assay utilizes AMPAR transfected cell lines for the detection and semi-quantification 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.

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

GABA-B Receptor Ab IgG Screen, Serum	<1:10	(Ref Interval: <1:10)

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

INTERPRETIVE INFORMATION: GABA Receptor Ab IgG Screen, Serum
Gamma-amino butyric acid receptor, type B (GABA-BR) 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 encephalitis.

This indirect fluorescent antibody assay utilizes GABA-BR transfected cell lines for the detection and semi-quantification 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.

SOX1 Antibody, IgG by Immunoblot, Serum	Negative	(Ref Interval: Negative)

INTERPRETIVE INFORMATION: SOX1 Antibody, IgG by Immunoblot, Serum
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.

DPPX Ab IgG CBA IFA Screen, Serum	<1:10	(Ref Interval: <1:10)

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

INTERPRETIVE INFORMATION: DPPX Ab IgG CBA IFA Screen, Serum

Anti-DPPX IgG antibody is found in a subset of patients with autoimmune 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.

This indirect fluorescent antibody cell-based assay (CBA) utilizes dipeptidyl aminopeptidase-like protein 6 (DPPX) transfected cells for the detection 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 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

GABA-AR Ab IgG CBA-IFA Screen, Serum	<1:10	(Ref Interval: <1:10)

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

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

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 antineural 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, Serum	<1:10	(Ref Interval: <1:10)

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

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

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 antineural 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, Serum	<1:10	(Ref Interval: <1:10)

IgLON5 Antibody, IgG is not detected. No further testing will be performed.

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

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

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 antineural 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, Serum	<1:10	(Ref Interval: <1:10)

mGluR1 Antibody, IgG is not detected. No further testing will be performed.

INTERPRETIVE INFORMATION: mGluR1 Ab IgG CBA-IFA Screen, Serum

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 antineural 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.

P/Q-Type Calcium Channel Antibody	0.0 pmol/L	(Ref Interval: 0.0-24.5)

INTERPRETIVE INFORMATION: P/Q-Type Calcium Channel Antibody

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  0.0 to 24.5 pmol/L ..... Negative
  24.6 to 45.6 pmol/L ..... Indeterminate
  45.7 pmol/L or greater..... Positive
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Glutamic Acid Decarboxylase Antibody	<5.0 IU/mL	(Ref Interval: 0.0-5.0)

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

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.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Neuronal Antibody (Amphiphysin)	23-135-109176	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Purkinje Cell/Neuronal Nuclear IgG Scrn	23-135-109176	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
N-methyl-D-Aspartate Receptor Ab, Serum	23-135-109176	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
CASPR2 Ab IgG Screen by IFA, Serum	23-135-109176	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
LGI1 Ab IgG Screen by IFA, Serum	23-135-109176	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
CV2.1 Antibody IgG Screen by IFA	23-135-109176	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
AMPA Receptor Ab IgG Screen, Serum	23-135-109176	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
GABA-B Receptor Ab IgG Screen, Serum	23-135-109176	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
SOX1 Antibody, IgG by Immunoblot, Serum	23-135-109176	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
DPPX Ab IgG CBA IFA Screen, Serum	23-135-109176	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
GABA-AR Ab IgG CBA-IFA Screen, Serum	23-135-109176	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
ITPR1 Ab IgG CBA-IFA Screen, Serum	23-135-109176	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
IgLON5 Ab IgG CBA-IFA Screen, Serum	23-135-109176	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
mGluR1 Ab IgG CBA-IFA Screen, Serum	23-135-109176	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
P/Q-Type Calcium Channel Antibody	23-135-109176	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Glutamic Acid Decarboxylase Antibody	23-135-109176	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