ARUP LABORATORIES
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Jonathan R. Genzen, MD, PhD, Chief Medical Officer

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 Myelopathy Panel, CSF

ARUP test code 3006209

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.

NMO/AQP4 Ab IgG CBA-IFA Screen, CSF	< 1:1	(Ref Interval: < 1:1)

Aquaporin-4 Receptor Antibody, IgG is not detected. No further testing will be performed.

INTERPRETIVE INFORMATION: NMO/AQP4 Ab IgG CBA-IFA Screen, CSF
Neuromyelitis optic (NMO) commonly presents with optic neuritis or longitudinally extensive transverse myelitis. Approximately 75 percent of patients with NMO have antibodies to the aquaporin-4 (AQP4) receptor. While the absence of AQP4 receptor antibodies does not rule out a diagnosis of NMO, presence of this antibody is diagnostic for NMO.

This indirect fluorescent antibody assay utilizes AQP4 receptor transfected cell lines for the detection and semiquantification of AQP4 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.

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

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.

CV2 Ab IgG CBA-IFA Screen, CSF	< 1:1	(Ref Interval: < 1:1)

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

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, 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)

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

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.

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.

mGluR1 Ab IgG CBA-IFA Screen, CSF	< 1:1	(Ref Interval: < 1:1)

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

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.

Glutamic Acid Decarboxylase Antibody CSF	<5.0 IU/mL	(Ref Interval: 0.0-5.0)

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

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.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Paraneoplastic Abs (PCCA/ANNA) IgG, CSF	24-057-100514	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
NMO/AQP4 Ab IgG CBA-IFA Screen, CSF	24-057-100514	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
GABA-BR Ab IgG CBA-IFA Screen, CSF	24-057-100514	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
CV2 Ab IgG CBA-IFA Screen, CSF	24-057-100514	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
SOX1 Antibody, IgG by Immunoblot, CSF	24-057-100514	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Amphiphysin Antibody, CSF	24-057-100514	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
DPPX Ab IgG CBA-IFA Screen, CSF	24-057-100514	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
mGluR1 Ab IgG CBA-IFA Screen, CSF	24-057-100514	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Glutamic Acid Decarboxylase Antibody CSF	24-057-100514	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