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 Pediatric CNS Disorders, Serum

ARUP test code 3006210

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.

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.

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

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.

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.

Neuromyelitis Optica/AQP4-IgG, Serum	<1:10	(Ref Interval: <1:10)

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

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

INTERPRETIVE INFORMATION: Neuromyelitis Optica/AQP4-IgG, Serum

Diagnosis of neuromyelitis optica (NMO) requires the presence of longitudinally extensive acute myelitis (lesions extending over 3 or more vertebral segments) and optic neuritis. Approximately 75 percent of patients with NMO express 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 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-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.

MOG Antibody IgG Screen, Serum	<1:10	(Ref Interval: <1:10)

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

INTERPRETIVE INFORMATION: MOG Antibody IgG Screen, Serum

Myelin oligodendrocyte glycoprotein (MOG) antibody is found in a subset of patients with neuromyelitis optica spectrum disorders including optic neuritis and transverse myelitis, brainstem encephalitis and acute disseminated encephalomyelitis. Persistence of antibody positivity may be associated with a relapsing course. 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 CNS demyelinating disease or autoimmune encephalitis.

This indirect fluorescent antibody assay utilizes full-length MOG transfected cell lines for the detection and semi-quantification of MOG 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

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.

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.

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.

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

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.

Glutamic Acid Decarboxylase Antibody

<5.0 IU/mL (Ref Interval: 0.0-5.0)

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
Purkinje Cell/Neuronal Nuclear IgG Scrn	23-135-109184	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
N-methyl-D-Aspartate Receptor Ab, Serum	23-135-109184	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
CASPR2 Ab IgG Screen by IFA, Serum	23-135-109184	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
LGI1 Ab IgG Screen by IFA, Serum	23-135-109184	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Neuromyelitis Optica/AQP4-IgG, Serum	23-135-109184	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
GABA-B Receptor Ab IgG Screen, Serum	23-135-109184	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
MOG Antibody IgG Screen, Serum	23-135-109184	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
DPPX Ab IgG CBA IFA Screen, Serum	23-135-109184	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
GABA-AR Ab IgG CBA-IFA Screen, Serum	23-135-109184	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
mGluR1 Ab IgG CBA-IFA Screen, Serum	23-135-109184	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Glutamic Acid Decarboxylase Antibody	23-135-109184	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