Client: Example Client ABC123
123 Test Drive
Salt Lake City, UT 84108
UNITED STATES

Physician: Doctor, Example

Patient: Patient, Example

DOB	12/31/1752
Sex:	Unknown
Patient Identifiers:	01234567890ABCD, 012345
Visit Number (FIN):	01234567890ABCD
Collection Date:	01/01/2017 12:34

Autoimmune Neurologic Disease Panel With Reflex, Serum

ARUP test code 3018965

Neuronal Antibody (Amphiphysin)	Low Positive	*	(Ref Interval: Negative)

Low positive reactivity to amphiphysin detected. Strong clinical correlation is recommended.

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	PCCA Detected	*	(Ref Interval: None Detected)

Antibodies detected, therefore IFA titer and Immunoblot testing to 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.

NMDA Receptor Ab IgG CBA-IFA, Serum	1:20	*	(Ref Interval: <1:10)

Antibodies to NMDA were detected; titer was performed at an additional charge.

The ExTINGUISH Trial (safety and efficacy of Inebilizumab in anti-NMDA receptor encephalitis, NCT04372615) is actively recruiting patients. To learn more, or to refer your patient, call 1-844-427-2465, email ExTINGUISH@hsc.utah.edu, or visit https://neuronext.org/projects/nn111-extinguish.

INTERPRETIVE INFORMATION: NMDA Receptor Ab IgG CBA-IFA,

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

Serum

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. Serum testing should be paired with CSF testing for improved diagnostic sensitivity.

This indirect fluorescent antibody assay utilizes full-length GluN1 transfected cell lines for the detection and semiquantification 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.

CASPR2 Ab IgG CBA-IFA Screen, Serum	**Detected**	*	**(Ref Interval: <1:10)**

CASPR2 Antibody, IgG is detected. Titer results to follow.

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	**Detected**	*	**(Ref Interval: <1:10)**

LGI1 Antibody, IgG is detected. Titer results to follow.

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

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

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.

NMO/AQP4 Ab IgG CBA-IFA Screen, Serum	**Detected**	*	**(Ref Interval: <1:10)**

Aquaporin-4 Receptor Antibody, IgG is detected. Titer results to follow.

INTERPRETIVE INFORMATION: NMO/AQP4 Ab IgG CBA-IFA Screen, Serum

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.

CV2 Ab IgG CBA-IFA Screen, Serum	**Detected**	*	**(Ref Interval: <1:100)**

CV2 Antibody, IgG is detected. Titer results to follow. Additional charges apply.

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.

AMPA Receptor Ab IgG CBA-IFA Scrn, Serum	**Detected**	*	**(Ref Interval: <1:10)**

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

AMPAR Antibody, IgG is detected. Titer results to follow.

INTERPRETIVE INFORMATION: AMPA Receptor Ab IgG CBA-IFA Scrn, 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. 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 the 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 Scrn, Ser	**Detected**	* **(Ref Interval: <1:10)**

GABA-BR Antibody, IgG is detected. Titer results to follow.

INTERPRETIVE INFORMATION: GABA-BR Ab IgG CBA-IFA Scrn, Ser

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.

MOG Ab IgG CBA-IFA Screen, Serum	**Detected**	* **(Ref Interval: <1:10)**

MOG Antibody, IgG is detected. Titer results to follow.

INTERPRETIVE INFORMATION: MOG Ab IgG CBA-IFA 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. A negative test result does not rule out a diagnosis of CNS demyelinating disease. Results should be interpreted in correlation with the patient's clinical history and other laboratory findings.

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

semiquantification 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.

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

Low positive reactivity to SOX1 detected. Strong clinical correlation is recommended.

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	**Detected** *	**(Ref Interval: <1:10)**

DPPX Antibody, IgG is detected. Titer results to follow.

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.

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

GABA-AR Antibody, IgG is detected. Titer results to follow.

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.

IgLON5 Ab IgG CBA-IFA Screen, Serum	**Detected**	*	**(Ref Interval: <1:10)**

IgLON5 Antibody, IgG is detected. Titer results to follow.

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	**Detected**	*	**(Ref Interval: <1:10)**

mGluR1 Antibody, IgG is detected. Titer results to follow.

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.

Ma2/Ta Antibody, IgG by Immunoblot, Ser	**Low Positive**	*	**(Ref Interval: Negative)**

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

Low positive reactivity to Ma2/Ta detected. Strong clinical correlation is recommended.

INTERPRETIVE INFORMATION: Ma2/Ta Antibody, IgG by Immunoblot, Ser
IgG antibodies to Ma2/Ta are associated with paraneoplastic neurologic syndromes with phenotypes most often including a combination of limbic encephalitis, diencephalic encephalitis, and brainstem encephalitis. Patients with anti-Ma2/Ta paraneoplastic neurologic syndromes should be thoroughly evaluated for cancer, including testicular cancer and adenocarcinoma, as neurologic symptoms often precede cancer diagnosis. Use of immune checkpoint inhibitors has also been associated with an increased risk of anti-Ma2 paraneoplastic neurologic disease. Consider sending testing in CSF as well as serum to improve diagnostic yield. Results (positive or negative) should be interpreted in the context of the patient's complete clinical picture, as false positives may occur and a negative result does not exclude the diagnosis of paraneoplastic neurologic disease.

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.

KLHL11 Ab IgG CBA-IFA Screen, Serum	**Detected** *	**(Ref Interval: <1:10)**

KLHL11 Antibody, IgG is detected. Titer results to follow.

INTERPRETIVE INFORMATION: KLHL11 Antibody, IgG by CBA-IFA, Serum
IgG antibodies to KLHL11 are associated with paraneoplastic neurologic syndromes with phenotypes most often including a combination of brainstem and cerebellar encephalitis as well as sensorineural hearing loss. Patients with anti-KLHL11 syndromes should be thoroughly evaluated for cancer, including testicular cancer, as neurologic symptoms often precede cancer diagnosis. Consider sending testing in CSF as well as serum to improve diagnostic yield. Coexisting and clinically relevant antineural antibodies have been reported; consider ordering a phenotype-specific panel to assess for these. Results (positive or negative) should be interpreted in the context of the patient's complete clinical picture, as false positives may occur, and a negative result does not exclude the diagnosis of immune-mediated neurologic disease.

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	2.0 pmol/L	(Ref Interval: 0.0-24.5)

INTERPRETIVE INFORMATION: P/Q-Type Calcium Channel Antibody

0.0 to 24.5 pmol/L ..... Negative
24.6 to 45.6 pmol/L ..... Indeterminate
45.7 pmol/L or greater..... Positive

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.

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Voltage-Gated Potassium Channel Ab, Ser	55 pmol/L H	(Ref Interval: 0-31)

INTERPRETIVE INFORMATION: Voltage-Gated Potassium Channel (VGKC) Antibody, Serum

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  Negative ....... 31 pmol/L or less
  Indeterminate... 32 - 87 pmol/L
  Positive ....... 88 pmol/L or greater
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Voltage-Gated Potassium Channel (VGKC) antibodies are associated with neuromuscular weakness as found in neuromyotonia (also known as Issacs 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.

Ganglionic Acetylcholine Receptor Ab	10.0 pmol/L H	(Ref Interval: 0.0-8.4)

REFERENCE INTERVAL: Ganglionic Acetylcholine Receptor Ab

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Negative . . . . . 0.0-8.4 pmol/L
Indeterminate. . . . . 8.5-11.6 pmol/L
Positive . . . . . 11.7 pmol/L or greater
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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	6.0 IU/mL H	(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.

Purkinje Cell Antibody, Titer (Do NOT give this test code to clients - Panel Component ONLY. Refer to 2007961 PCCA/ANNA)

ARUP test code 0059441

Purkinje Cell Antibody Titer IgG	1:20 *	(Ref Interval: <1:10)

INTERPRETIVE INFORMATION: Purkinje Cell Ab Titer, IgG

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or

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approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Neuronal Nuclear Antibodies (Hu, Ri, Yo, Tr/DNER) IgG by Immunoblot, Serum

ARUP test code 3002917

Neuronal Nuclear Ab (Hu) IgG, IB, Serum	Negative (Ref Interval: Negative) INTERPRETIVE INFORMATION: Neuronal Nuclear Ab IgG, Immunoblot, Ser This test detects IgG antineuronal antibodies to Hu, Ri, Yo and Tr (DNER) antigens. Antineuronal antibodies serve as markers that aid in discriminating between a true paraneoplastic neurological disorder (PND) and other inflammatory disorders of the nervous system. Anti-Hu (antineuronal nuclear antibody, type I) is associated with small-cell lung cancer. Anti-Ri (antineuronal nuclear antibody, type II) is associated with neuroblastoma in children and with fallopian tube and breast cancer in adults. Anti-Yo (anti-Purkinje cell cytoplasmic antibody) is associated with ovarian and breast cancer. Anti-Tr(DNER) is associated with Hodgkin's lymphoma. The presence of one or more of these antineuronal antibodies detected by both immunoblot (IB) and immunofluorescence (IFA) supports a clinical diagnosis of PND and should lead to a focused search for the underlying neoplasm. A positive IB result but negative IFA result is of questionable clinical significance. Thus, strong clinical correlation is recommended. 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.
Neuronal Nuclear Ab (Ri) IgG, IB, Serum	Negative (Ref Interval: Negative) INTERPRETIVE INFORMATION: Neuronal Nuclear Ab (Ri) IgG, IB, Serum 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 Ab (Yo) IgG, IB, Ser	Negative (Ref Interval: Negative) INTERPRETIVE INFORMATION: Purkinje Cell Ab (Yo) IgG, IB, Ser 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 Ab (TR/DNER) IgG, IB, Ser	Negative (Ref Interval: Negative) INTERPRETIVE INFORMATION: Purkinje Cell Ab (TR/DNER) IgG, IB, Ser This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or

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approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Alpha-amino-3-hydroxy-5-methyl-4-isoxazolepropionic Acid (AMPA) Receptor Antibody Titer, IgG by CBA-IFA, Serum (Reflex of 3001260 AMPA SER - Not orderable by clients)

ARUP test code 3001265

AMPA Receptor Ab IgG CBA-IFA Titer, Ser	1:10	*	(Ref Interval: <1:10)

INTERPRETIVE INFORMATION: AMPA Receptor Ab IgG CBA-IFA Titer, Ser
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.

Aquaporin-4 Receptor Antibody Titer, IgG by CBA-IFA, Serum (Reflex for 2013320 AQP4 SER - Not Orderable by Clients)

ARUP test code 2013323

NMO/AQP4 Ab IgG CBA-IFA Titer, Serum	1:10	*	(Ref Interval: <1:10)

INTERPRETIVE INFORMATION: NMO/AQP4 Ab IgG CBA-IFA Titer, Serum
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.

Contactin-Associated Protein-2 Antibody Titer, IgG by CBA-IFA, Serum (Reflex for 2009452 CASPR2 IGG Only - Not Orderable by Clients)

ARUP test code 2009454

CASPR2 Ab IgG CBA-IFA Titer, Serum	1:20	*	(Ref Interval: <1:10)

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

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 Antibody Titer, IgG by CBA-IFA, Serum (Reflex for 3016999 CV2 SER - Not orderable by clients)

ARUP test code 3017000

CV2 Ab IgG CBA-IFA Titer, Serum	1:100	*	(Ref Interval: <1:100)

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

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.

Acetylcholine Receptor Binding Antibody

ARUP test code 0080009

Acetylcholine Binding Antibody	1.0 nmol/L H	(Ref Interval: 0.0-0.4)

INTERPRETIVE INFORMATION: Acetylcholine Binding Ab

Negative ..... 0.0 - 0.4 nmol/L
Positive ..... 0.5 nmol/L or greater

Approximately 85-90 percent of patients with myasthenia gravis (MG) express antibodies to the acetylcholine receptor (AChR), which can be divided into binding, blocking, and modulating antibodies. Binding antibody can activate complement and lead to loss of AChR. Blocking antibody may impair binding of acetylcholine to the receptor, leading to poor muscle contraction. Modulating antibody causes receptor endocytosis resulting in loss of AChR expression, which correlates most closely with clinical severity of disease. Approximately 10-15 percent of individuals with confirmed myasthenia gravis have no measurable binding, blocking, or modulating antibodies.

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.

Dipeptidyl Aminopeptidase-Like Protein 6 (DPPX) Antibody Titer, IgG by CBA-IFA, Serum (Reflex for 3004359 DPPX SER Only - Not Orderable by Clients)

ARUP test code 3004360

DPPX Ab IgG CBA-IFA Titer, Serum	1:10 *	(Ref Interval: <1:10)

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

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.

Gamma-Aminobutyric Acid Receptor, Type A (GABA-AR) Antibody Titer, IgG by CBA-IFA, Serum (Reflex of GABA-A SER - Not Orderable by Clients)

ARUP test code 3006011

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

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

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.

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Gamma Aminobutyric Acid Receptor, Type B (GABA-BR) Antibody Titer, IgG by CBA-IFA, Serum (Reflex of 3001270 GABA SER - Not orderable by clients)

ARUP test code 3001275

GABA-BR Ab IgG CBA-IFA Titer, Ser	1:10	*	(Ref Interval: <1:10)

INTERPRETIVE INFORMATION: GABA-BR Ab IgG CBA-IFA Titer, Ser

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.

IgLON Family Member 5 (IgLON5) Antibody Titer, IgG by CBA-IFA, Serum (Reflex for IGLON5 SER Only - Not Orderable by Clients)

ARUP test code 3006021

IgLON5 Ab IgG CBA-IFA Titer, Serum	1:10	*	(Ref Interval: <1:10)

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

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.

Kelch-Like Protein 11 (KLHL11) Antibody Titer, IgG by CBA-IFA, Serum-Not Orderable by Clients

ARUP test code 3018730

KLHL11 Ab IgG CBA-IFA Titer, Serum	1:20	*	(Ref Interval: <1:10)

INTERPRETIVE INFORMATION: KLHL11 Ab IgG CBA-IFA Titer, Serum

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.

Leucine-Rich, Glioma-Inactivated Protein 1 Antibody Titer, IgG by CBA-IFA, Serum (Reflex for 2009456 LGI1 IGG Only - Not Orderable by Clients)

ARUP test code 2009458

LGI1 Ab IgG CBA-IFA Titer, Serum	1:10	*	(Ref Interval: <1:10)

INTERPRETIVE INFORMATION: LGI1 Ab IgG CBA-IFA Titer, Serum

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.

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Metabotropic Glutamate Receptor 1 (mGluR1) Antibody Titer, IgG by CBA-IFA, Serum (Reflex for MGLUR1 SER Only - Not Orderable by Clients)

ARUP test code 3006047

mGluR1 Ab IgG CBA-IFA Titer, Serum	1:10 *	(Ref Interval: <1:10)

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

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.

Myelin Oligodendrocyte Glycoprotein (MOG) Antibody Titer, IgG by CBA-IFA, Serum (Reflex of 3001277 MOG SER - Not orderable by clients)

ARUP test code 3001280

MOG Ab IgG CBA-IFA Titer, Serum	1:10 *	(Ref Interval: <1:10)

INTERPRETIVE INFORMATION: MOG Ab IgG CBA-IFA Titer, Serum

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.

Inositol 1,4,5-Trisphosphate Receptor Type 1 (ITPR1) Antibody, IgG by CBA-IFA With Reflex to Titer, Serum

ARUP test code 3006031

ITPR1 Ab IgG CBA-IFA Screen, Serum	Detected *	(Ref Interval: <1:10)

ITPR1 Antibody, IgG is detected. Titer results to follow.

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.

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

Inositol 1,4,5-Trisphosphate Receptor Type 1 (ITPR1) Antibody Titer, IgG by CBA-IFA, Serum (Reflex for ITPR1 SER Only - Not Orderable by Clients)

ARUP test code 3006036

ITPR1 Ab IgG CBA-IFA Titer, Serum	1:10 *	(Ref Interval: <1:10)

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

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.

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Neuronal Antibody (Amphiphysin)	25-112-100711	4/22/2025 7:18:00 AM	4/22/2025 7:18:12 AM	4/22/2025 8:11:00 AM
Purkinje Cell Antibody Titer IgG	25-112-100711	4/22/2025 7:18:00 AM	4/22/2025 8:09:04 AM	4/22/2025 8:11:00 AM
Purkinje Cell/Neuronal Nuclear IgG Scrn	25-112-100711	4/22/2025 7:18:00 AM	4/22/2025 7:18:12 AM	4/22/2025 8:11:00 AM
NMDA Receptor Ab IgG CBA-IFA, Serum	25-112-100711	4/22/2025 7:18:00 AM	4/22/2025 7:18:12 AM	4/22/2025 8:11:00 AM
CASPR2 Ab IgG CBA-IFA Screen, Serum	25-112-100711	4/22/2025 7:18:00 AM	4/22/2025 7:18:12 AM	4/22/2025 8:11:00 AM
CASPR2 Ab IgG CBA-IFA Titer, Serum	25-112-100711	4/22/2025 7:18:00 AM	4/22/2025 8:10:41 AM	4/22/2025 8:11:00 AM
LGI1 Ab IgG CBA-IFA Screen, Serum	25-112-100711	4/22/2025 7:18:00 AM	4/22/2025 7:18:12 AM	4/22/2025 8:11:00 AM
LGI1 Ab IgG CBA-IFA Titer, Serum	25-112-100711	4/22/2025 7:18:00 AM	4/22/2025 8:10:44 AM	4/22/2025 8:11:00 AM
NMO/AQP4 Ab IgG CBA-IFA Screen, Serum	25-112-100711	4/22/2025 7:18:00 AM	4/22/2025 7:18:12 AM	4/22/2025 8:11:00 AM
NMO/AQP4 Ab IgG CBA-IFA Titer, Serum	25-112-100711	4/22/2025 7:18:00 AM	4/22/2025 8:10:41 AM	4/22/2025 8:11:00 AM
CV2 Ab IgG CBA-IFA Screen, Serum	25-112-100711	4/22/2025 7:18:00 AM	4/22/2025 7:18:12 AM	4/22/2025 8:11:00 AM
CV2 Ab IgG CBA-IFA Titer, Serum	25-112-100711	4/22/2025 7:18:00 AM	4/22/2025 8:10:41 AM	4/22/2025 8:11:00 AM
AMPA Receptor Ab IgG CBA-IFA Scrn, Serum	25-112-100711	4/22/2025 7:18:00 AM	4/22/2025 7:18:12 AM	4/22/2025 8:11:00 AM
AMPA Receptor Ab IgG CBA-IFA Titer, Ser	25-112-100711	4/22/2025 7:18:00 AM	4/22/2025 8:10:40 AM	4/22/2025 8:11:00 AM
GABA-BR Ab IgG CBA-IFA Scrn, Ser	25-112-100711	4/22/2025 7:18:00 AM	4/22/2025 7:18:12 AM	4/22/2025 8:11:00 AM
GABA-BR Ab IgG CBA-IFA Titer, Ser	25-112-100711	4/22/2025 7:18:00 AM	4/22/2025 8:10:43 AM	4/22/2025 8:11:00 AM
MOG Ab IgG CBA-IFA Screen, Serum	25-112-100711	4/22/2025 7:18:00 AM	4/22/2025 7:18:12 AM	4/22/2025 8:11:00 AM
MOG Ab IgG CBA-IFA Titer, Serum	25-112-100711	4/22/2025 7:18:00 AM	4/22/2025 8:10:45 AM	4/22/2025 8:11:00 AM
Neuronal Nuclear Ab (Hu) IgG, IB, Serum	25-112-100711	4/22/2025 7:18:00 AM	4/22/2025 8:09:04 AM	4/22/2025 8:11:00 AM
Neuronal Nuclear Ab (Ri) IgG, IB, Serum	25-112-100711	4/22/2025 7:18:00 AM	4/22/2025 8:09:04 AM	4/22/2025 8:11:00 AM
Purkinje Cell Ab (Yo) IgG, IB, Ser	25-112-100711	4/22/2025 7:18:00 AM	4/22/2025 8:09:04 AM	4/22/2025 8:11:00 AM
Purkinje Cell Ab (TR/DNER) IgG, IB, Ser	25-112-100711	4/22/2025 7:18:00 AM	4/22/2025 8:09:04 AM	4/22/2025 8:11:00 AM
SOX1 Antibody, IgG by Immunoblot, Serum	25-112-100711	4/22/2025 7:18:00 AM	4/22/2025 7:18:12 AM	4/22/2025 8:11:00 AM
DPPX Ab IgG CBA-IFA Screen, Serum	25-112-100711	4/22/2025 7:18:00 AM	4/22/2025 7:18:12 AM	4/22/2025 8:11:00 AM
DPPX Ab IgG CBA-IFA Titer, Serum	25-112-100711	4/22/2025 7:18:00 AM	4/22/2025 8:10:42 AM	4/22/2025 8:11:00 AM
GABA-AR Ab IgG CBA-IFA Screen, Serum	25-112-100711	4/22/2025 7:18:00 AM	4/22/2025 7:18:12 AM	4/22/2025 8:11:00 AM
GABA-AR Ab IgG CBA-IFA Titer, Serum	25-112-100711	4/22/2025 7:18:00 AM	4/22/2025 8:10:42 AM	4/22/2025 8:11:00 AM

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ITPR1 Ab IgG CBA-IFA Screen, Serum	25-112-100711	4/22/2025 7:18:00 AM	4/22/2025 8:10:46 AM	4/22/2025 8:13:00 AM
ITPR1 Ab IgG CBA-IFA Titer, Serum	25-112-100711	4/22/2025 7:18:00 AM	4/22/2025 8:12:57 AM	4/22/2025 8:13:00 AM
IgLON5 Ab IgG CBA-IFA Screen, Serum	25-112-100711	4/22/2025 7:18:00 AM	4/22/2025 7:18:12 AM	4/22/2025 8:11:00 AM
IgLON5 Ab IgG CBA-IFA Titer, Serum	25-112-100711	4/22/2025 7:18:00 AM	4/22/2025 8:10:43 AM	4/22/2025 8:11:00 AM
mGluR1 Ab IgG CBA-IFA Screen, Serum	25-112-100711	4/22/2025 7:18:00 AM	4/22/2025 7:18:12 AM	4/22/2025 8:11:00 AM
mGluR1 Ab IgG CBA-IFA Titer, Serum	25-112-100711	4/22/2025 7:18:00 AM	4/22/2025 8:10:44 AM	4/22/2025 8:11:00 AM
Ma2/Ta Antibody, IgG by Immunoblot, Ser	25-112-100711	4/22/2025 7:18:00 AM	4/22/2025 7:18:12 AM	4/22/2025 8:11:00 AM
KLHL11 Ab IgG CBA-IFA Screen, Serum	25-112-100711	4/22/2025 7:18:00 AM	4/22/2025 7:18:12 AM	4/22/2025 8:11:00 AM
KLHL11 Ab IgG CBA-IFA Titer, Serum	25-112-100711	4/22/2025 7:18:00 AM	4/22/2025 8:10:43 AM	4/22/2025 8:11:00 AM
Acetylcholine Binding Antibody	25-112-100711	4/22/2025 7:18:00 AM	4/22/2025 8:10:46 AM	4/22/2025 8:15:00 AM
P/Q-Type Calcium Channel Antibody	25-112-100711	4/22/2025 7:18:00 AM	4/22/2025 7:18:12 AM	4/22/2025 8:11:00 AM
Voltage-Gated Potassium Channel Ab, Ser	25-112-100711	4/22/2025 7:18:00 AM	4/22/2025 7:18:12 AM	4/22/2025 8:11:00 AM
Ganglionic Acetylcholine Receptor Ab	25-112-100711	4/22/2025 7:18:00 AM	4/22/2025 7:18:12 AM	4/22/2025 8:11:00 AM
Glutamic Acid Decarboxylase Antibody	25-112-100711	4/22/2025 7:18:00 AM	4/22/2025 7:18:12 AM	4/22/2025 8:11:00 AM

END OF CHART

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