TEST CHANGE

N-methyl-D-Aspartate Receptor (NMDAR) Antibody, IgG by CBA-IFA, Serum With Reflex to Titer

2004221, NMDA IGG

Specimen Requirements:	
Patient Preparation:	
Collect:	Serum separator tube or red tube.
Specimen Preparation:	Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.15 mL)
Transport Temperature:	Refrigerated.
Unacceptable Conditions:	CSF or plasma. Contaminated, hemolyzed, or severely lipemic specimens.
Remarks:	
Stability:	After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)
Methodology:	Semi-Quantitative Cell-Based Indirect Fluorescent Antibody
Performed:	Sun-Sat
Reported:	1-3 days
Note:	If NMDA antibody IgG is positive, then an NMDA antibody IgG titer is reported. Additional charges apply.
CPT Codes:	86255; if reflexed, add 86256
New York DOH Approval Status:	This test is New York DOH approved.

Interpretive Data:

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 nonautoimmune 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.

Reference Interval:

Less than 1:10