

Effective Date: August 21, 2023

## **TEST CHANGE**

N-methyl-D-Aspartate Receptor Antibody, IgG by CBA-IFA, CSF with Reflex to Titer 2005164, NMDA G CSF

Specimen Requirements:		
Patient Preparation:		
Collect:	CSF.	
Specimen Preparation:	Transfer 0.5 mL CSF to an ARUP <u>standard transport</u> <u>tube.</u> Standard Transport Tube. (Min: 0.15 mL)	
Transport Temperature:	Refrigerated.	
Unacceptable Conditions:	Contaminated, hemolyzed, or severely lipemic specimens.	
Remarks:		
Stability:	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 CSF antibody IgG is positive, then an NMDA CSF 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:		

Anti-NMDA receptor-IqC 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.; therefore, clinical correlation must be strongly considered. A negative test result does not rule out a diagnosis of autoimmune limbic encephalitis. Results should be interpreted in correlation with

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the patients clinical history and other US Food and Drug Administration. This test was performed in a CLIA certified laboratory findings.

This indirect fluorescent antibody assay utilizes full-length GluN1 transfected cell linesand is intended for the detection and semiguantification of NMDA receptor IgG antibodyclinical purposes.



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