

HOTLINE: Effective August 19, 2019

New Test

3001868

Acetylcholine Receptor Binding Antibody with reflex to Muscle-Specific Kinase (MuSK) Ab, IgG ACHR BIN R



Additional Technical Information

Methodology: Quantitative Radioimmunoassay

Performed: Sun-Sat **Reported:** 2-8 days

Specimen Required: Collect: Serum Separator Tube (SST).

Specimen Preparation: Separate from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard

Transport Tube. (Min: 0.3 mL)

Storage/Transport Temperature: Refrigerated.

<u>Unacceptable Conditions:</u> Plasma. Contaminated, hemolyzed, or severely lipemic specimens.

Stability (collection to initiation of testing): After separation from cells: Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 1 month

(avoid repeated freeze/thaw cycles)

Reference Interval:

Test Number	Components	Reference Interval	
0080009	Acetylcholine Receptor Binding Antibody	Negative	0.0-0.4 nmol/L
		Positive	0.5 nmol/L or greater
3001576	Muscle-Specific Kinase (MuSK) Antibody, IgG	Negative	0.00-0.03 nmol/L
		Positive	0.04 nmol/L or greater

Interpretive Data: 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.

See Compliance Statement B: www.aruplab.com/CS

Note: If Acetylcholine Receptor Binding Antibody result is less than or equal to 0.4 nmol/L then Muscle-Specific Kinase (MuSK) Ab, IgG (ARUP test code 3001576) will be added. Additional charges apply.

CPT Code(s): 83519; if reflexed, add 83519

New York DOH Approved.

HOTLINE NOTE: Refer to the Test Mix Addendum for interface build information.