

TEST CHANGE

Contactin-Associated Protein-2 Antibody, IgG by CBA-IFA with Reflex to Titer, CSF
3001986, CASPR2GCSF

Specimen Requirements:

Patient Preparation:

Collect: CSF.

Specimen Preparation: Transfer 0.5 mL CSF to an ARUP [standard transport tube](#). [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 month

Methodology: Semi-Quantitative Cell-Based Indirect Fluorescent Antibody

Performed: Wed

Reported: 1-8 days

Note: If CASPR2 antibody IgG is positive, then CASPR2 antibody IgG titer will be added. Additional charges apply.

CPT Codes: 86255; if reflexed, add 86256

New York DOH Approval Status: This test is New York DOH approved.

Interpretive Data:

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 [semiquantification](#) ~~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.~~

Reference Interval:

Less than 1:1
