TEST CHANGE

Leucine-Rich, Glioma-Inactivated Protein 1 Antibody, IgG by CBA-IFA with Reflex to Titer, CSF

3001992, LGI1IGGCSF

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 LGI1 antibody IgG is positive, then LGI1 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:

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 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 ~~leucine-rich, glioma-inactivated 1 protein (~~LGI1~~)~~ transfected cell lines for the detection and semiquantification~~semi-quantification~~ 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.~~

Reference Interval:

Less than 1:1