

HOTLINE: Effective August 17, 2020

New Test **3002787** **Autoimmune Encephalitis Reflexive Panel, CSF** **AENCEPHCSF**

Methodology: Semi-Quantitative Indirect Fluorescent Antibody/Quantitative Radioimmunoassay/Semi-Quantitative Enzyme-Linked Immunosorbent Assay
Performed: Tue
Reported: 3-10 days

Specimen Required: Collect: CSF

Specimen Preparation: Transfer three (3) 1 mL CSF aliquots to ARUP Standard Transport Tubes. (Min: 0.5 mL/aliquot)

Storage/Transport Temperature: Frozen.

Unacceptable Conditions: Contaminated specimens.

Stability (collection to initiation of testing): Ambient: 24 hours; Refrigerated: 1 week; Frozen: 1 month (avoid repeated freeze/thaw cycles)

Reference Interval:

Test Number	Components	Reference Interval
3002788	Glutamic Acid Decarboxylase Antibody, CSF	0.0 – 5.0 IU/mL
2005164	N-methyl-D-Aspartate Receptor Antibody, IgG, CSF with Reflex to Titer N-methyl-D-Aspartate Receptor Ab, CSF	< 1:1
2011699	Aquaporin-4 Receptor Antibody, IgG by IFA, CSF with Reflex to Titer Neuromyelitis Optica/AQP4-IgG, CSF Rflx	Less than 1:1
3001257	Alpha-Amino-3-hydroxy-5-methyl-4-isoxazolepropionic Acid (AMPA) Receptor Antibody, IgG by IFA with Reflex to Titer, CSF	Less than 1:1
3001267	Gamma Aminobutyric Acid Receptor, Type B (GABA-BR) Antibody, IgG by IFA with Reflex to Titer, CSF	Less than 1:1
3001387	Voltage-Gated Potassium Channel (VGKC) Antibody, CSF	
		Negative 0.0-1.1 pmol/L
		Positive 1.2 pmol/L or greater
3001986	Contactin-Associated Protein-2 Antibody, IgG with Reflex to Titer, CSF	Less than 1:1
3001992	Leucine-Rich, Glioma-Inactivated Protein 1 Antibody, IgG with Reflex to Titer, CSF	Less than 1:1

Interpretive Data:

Refer to report.

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

Note: If NMDA CSF antibody IgG is positive, then an NMDA CSF antibody IgG titer is reported. Additional charges apply.

If AQP4 antibody IgG is positive, then an AQP4 antibody IgG titer is reported. Additional charges apply.

If Alpha-Amino-3-hydroxy-5-methyl-4-isoxazolepropionic Acid (AMPA) Receptor Antibody, IgG by IFA with Reflex to Titer, CSF IgG is positive, then an Alpha-amino-3-hydroxy-5-methyl-4-isoxazolepropionic Acid (AMPA) Receptor Antibody Titer, IgG, CSF is reported. Additional charges apply.

If Gamma Aminobutyric Acid Receptor, Type B (GABA-BR) Antibody, IgG by IFA with Reflex to Titer, CSF is positive, then a Gamma Aminobutyric Acid Receptor, Type B (GABA-BR) Antibody Titer, IgG, CSF is performed. Additional charges apply.

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

If LGI1 antibody IgG is positive, then LGI1 antibody IgG titer will be added. Additional charges apply.

CPT Code(s): 86255; if reflexed, add 86256

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83519

86341

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New York DOH approval pending. Call for status update.

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