

New Test **3002887** **Autoimmune Neurologic Disease Reflexive Panel, CSF** **NEURORCSF**



Supplemental Resources

Methodology: Semi-Quantitative Indirect Fluorescent Antibody/Qualitative Immunoblot/Quantitative Radioimmunoassay/Semi-quantitative Enzyme-Linked Immunosorbent Assay

Performed: Tue

Reported: 3-10 days

Specimen Required: Collect: CSF

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

Storage/Transport Temperature: Frozen

Unacceptable Conditions: Fluid other than CSF. Grossly hemolyzed 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								
2005164	N-methyl-D-Aspartate Receptor Antibody, IgG, CSF with Reflex to Titer	< 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								
3001986	Contactin-Associated Protein-2 Antibody, IgG 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							
2010841	Paraneoplastic Antibodies (PCCA/ANNA) by IFA with Reflex to Titer and Immunoblot, CSF	Test Number	Components	Reference Interval						
			Paraneoplastic Abs (PCCA/ANNA) IgG, CSF	None Detected						
			Neuronal Nuclear Ab Titer, IgG CSF	Less than 1:1						
			Purkinje Cell Antibody Titer IgG, CSF	Less than 1:1						
		2010847	Neuronal Nuclear Abs IgG Immunoblot, CSF	<table border="1"> <thead> <tr> <th>Components</th> <th>Reference Interval</th> </tr> </thead> <tbody> <tr> <td>Neuronal Nuclear Ab (Hu) IgG, IB, CSF</td> <td>Negative</td> </tr> <tr> <td>Neuronal Nuclear Ab (Ri) IgG, IB, CSF</td> <td>Negative</td> </tr> <tr> <td>Neuronal Nuclear Ab (Yo) IgG, IB, CSF</td> <td>Negative</td> </tr> </tbody> </table>	Components	Reference Interval	Neuronal Nuclear Ab (Hu) IgG, IB, CSF	Negative	Neuronal Nuclear Ab (Ri) IgG, IB, CSF	Negative
Components	Reference Interval									
Neuronal Nuclear Ab (Hu) IgG, IB, CSF	Negative									
Neuronal Nuclear Ab (Ri) IgG, IB, CSF	Negative									
Neuronal Nuclear Ab (Yo) IgG, IB, CSF	Negative									
3001992	Leucine-Rich, Glioma-Inactivated Protein 1 Antibody, IgG with Reflex to Titer, CSF	Less than 1:1								
3002257	CV2.1 Screen by IFA with Reflex to Titer, CSF	Less than 1:1								
3002788	Glutamic Acid Decarboxylase Antibody, CSF	0.0-5.0 IU/mL								
3002904	SOX1 Antibody, IgG by Immunoblot, CSF	Negative								

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 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.

PCCA/ANNA antibodies are screened by IFA. If the IFA screen is indeterminate then the Immunoblot will be added. If the IFA screen is positive at 1:1, then a specific titer (PCCA or ANNA) and Immunoblot will be added. Additional charges apply.



HOTLINE: Effective August 17, 2020

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

If CV2.1 Antibody IgG Screen by IFA, CSF is positive, then CV2.1 Antibody IgG Titer, CSF will be added. Additional charges apply.

CPT Code(s):

86255; if reflexed, add 86256

86255; if reflexed, add 86256

86255; if reflexed, add 86256

86255; if reflexed, add 86256

83519

86255; if reflexed add 84182 x3 and/or 86256

86255; if reflexed, add 86256

86255; if reflexed, add 86256

86341

84182

New York DOH approval pending. Call for status update.

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