

TEST CHANGE

Neuronal Nuclear Antibodies (Hu, Ri, Yo, Tr/DNER) IgG by Immunoblot, Serum
3002917, NRNL IB S

Specimen Requirements:

Patient Preparation:

Collect: Serum separator tube

Specimen Preparation: Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP [standard transport tube](#). [Standard Transport Tube](#). (Min: 0.30 mL)

Transport Temperature: Refrigerated

Unacceptable Conditions: Plasma. Contaminated, heat-inactivated, grossly hemolyzed, or lipemic specimens

Remarks:

Stability: After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month

Methodology: Qualitative Immunoblot / [Semi-Quantitative Indirect Fluorescent Antibody \(IFA\)](#)

Performed: Mon, Thu, Sat

Reported: 1-4 days

Note: [Neuronal Nuclear Antibodies \(Hu, Ri, Yo, and Tr/DNER\) IgG by Immunoblot. If low positive, positive, or high positive, then the neuronal nuclear \(ANNA\) antibody and Purkinje cell \(PCCA\) antibody IgG are screened by IFA. If the IFA screen is positive at 1:10, then a specific titer \(ANNA or PCCA\) will be added. Additional charges apply.](#)

CPT Codes: 84182 x4; [if reflexed add 86255; 86256](#)

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

Interpretive Data:

This test detects IgG antineuronal antibodies to Hu, Ri, Yo and Tr (DNER) antigens.

Antineuronal antibodies serve as markers that aid in discriminating between a true paraneoplastic neurological disorder (PND) and other inflammatory disorders of the nervous system. Anti-Hu (antineuronal nuclear antibody, type I) is associated with small-cell lung cancer. Anti-Ri (antineuronal nuclear antibody, type II) is associated with neuroblastoma in children and with

fallopian tube and breast cancer in adults. Anti-Yo (anti-Purkinje cell cytoplasmic antibody) is associated with ovarian and breast cancer. Anti-Tr(DNER) is associated with Hodgkin's lymphoma.

The presence of one or more of these antineuronal antibodies detected by both immunoblot (IB) and immunofluorescence (IFA) supports a clinical diagnosis of PND and should lead to a focused search for the underlying neoplasm. A positive IB result but negative IFA result is of questionable clinical significance. Thus, strong clinical correlation is recommended.

Reference Interval:

Test Number	Components	Reference Interval
	Purkinje Cell Neuronal Nuclear Ab (Yo) IgG, IB, Serum	Negative
	Purkinje Cell Neuronal Nuclear Ab (TR/DNER) IgG, IB, Ser	Negative
	Neuronal Nuclear Ab (Ri) IgG, IB, Serum	Negative
	Neuronal Nuclear Ab (Hu) IgG, IB, Serum	Negative

HOTLINE NOTE: There is a reflexive pattern change associated with this test. One or more orderable or component has been added or removed to the reflexive pattern. Refer to the Hotline Test Mix for interface build information.