

HOTLINE: Effective November 16, 2020

New Test	3003058	Autoimmune Neurologic Disease Reflexive Panel, Serum	NEURO R2				
Ē	Supplemental R	esources					
Methodology:	•	Semi-Quantitative Indirect Fluorescent Antibody/Qualitative Immunoblot/Quantitative Radioimmunoassay/Semi-Quantitative Enzyme-Linked Immunosorbent Assay					
Performed:	Tue						
<b>Reported:</b>	3-10 days						
Specimen Requi	red: Collect: Serum S	Separator Tube (SST)					
	<u>Specimen Preparation</u> : Separate from cells ASAP or within 2 hours of collection. Transfer three 1 mL serum aliquots to ARUP Standard Transport Tubes. (Min: 0.5 mL/aliquot)						
		rt Temperature: Frozen					
		onditions: Amniotic fluid, ocular fluid, peritoneal fluid, synovial fluid, CSF, or plasma.	Contaminated, hemolyzed,				
	icteric, or lipemi						
	•	ion to initiation of testing): After separation from cells: Ambient: 24 hours; Refrigerated freeze/thaw cycles)	u: 1 week; Frozen: 1 month				

## (avoid repeated freeze/thaw cycles)

## **Reference Interval:**

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Test Number	Components	Reference Interval			
0050746	Striated Muscle Antibodies, IgG with Reflex to Titer	Less than 1:40			
2004221	N-methyl-D-Aspartate Receptor Antibody, IgG, Serum with Reflex to Titer	< 1:10			
2001771	Glutamic Acid Decarboxylase Antibody	0.0-5.0 IU/mL			
2013956	CV2.1 Screen by IFA with Reflex to Titer	Less than 1:10			
0092628	P/Q-Type Voltage-Gated Calcium Channel (VGCC) Antibody	Effective November 14, 2011			
		Negative	0.0 to 24.5 pmol/L		
		Indeterminate	24.6 to 45.6 pmol/L		
		Positive	45.7 pmol/L or greater		
2005636	Titin Antibody	Effective January 17, 2012			
			Titin Antibody		
		Negative	0.00-0.45 IV		
		Indeterminate	0.46-0.71 IV		
		Positive	0.72 IV or greater		
2004890 Voltage-Gated Potassium Channel (VGKC) Antibody, Serum					
		Negative	31 pmol/L or less		
		Indeterminate	32-87 pmol/L		
		Positive	88 pmol/L or greater		
2003036	Aquaporin-4 Receptor Antibody	Effective October 3, 2016			
		Negative	2.9 U/mL or less		
		Positive	3.0 U/mL or greater		
0080009	Acetylcholine Receptor				
	Binding Antibody	No option	0.0.0.4 mm = 1/f		
		Negative Positive	0.0-0.4 nmol/L 0.5 nmol/L or greater		
	1	POSITIVE	0.5 nmol/L or greater		



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2007961	Paraneoplastic Antibodies (PCCA/ANNA) by IFA with Reflex to Titer and Immunoblot	Effective August 17, 2020					
		Test Number	Components	Reference Ir	nterval		
		Test Hamber	Purkinje Cell/Neuronal Nuclear IgG Scrn	None Detect			
			Neuronal Nuclear Antibody (ANNA) IFA Titer, IgG	Less than 1:	10		
			Purkinje Cell Antibody, Titer	Less than 1:			
		3002917	Neuronal Nuclear Antibodies (Hu, Ri, Yo, Tr/DNER) IgG by Immunoblot, Serum	Refer to repo	ort		
2008893	Amphiphysin Antibody, IgG	Negative					
2013320	Aquaporin-4 Receptor Antibody, IgG by IFA with Reflex to Titer, Serum	Less than 1:10					
2009456	Leucine-Rich, Glioma- Inactivated Protein 1 Antibody, IgG with Reflex to Titer, Serum	Less than 1:10					
2009452	Contactin-Associated Protein-2 Antibody, IgG with Reflex to Titer, Serum	Less than 1:10					
0099521	Acetylcholine Receptor Modulating Antibody	Effective August 20, 2012					
		Negative 0-45% modulating					
		Positive 46% or greater modulating					
	N-Type Calcium Channel Antibody						
	-	Negative 0.0 to 69.9 pmol/L					
		Indeterminate			70.0 to 110.0 pmol/L		
		Positive			110.1 pmol/L or greater		
3001260	Alpha-amino-3-hydroxy- 5-methyl-4- isoxazolepropionic Acid (AMPA) Receptor Antibody, IgG by IFA with Reflex to Titer, Serum	Less than 1:10					
3001270	Gamma Aminobutyric Acid Receptor, Type B (GABA-BR) Antibody, IgG by IFA with Reflex to Titer, Serum	Less than 1:10					
3001277	Myelin Oligodendrocyte Glycoprotein (MOG) Antibody, IgG by IFA with Reflex to Titer, Serum	Less than 1:10					
3002885	SOX1 Antibody, IgG by Immunoblot, Serum	Negative					
3003020	Ganglionic Acetylcholine						
	Receptor Antibody	Negative         0.0 - 8.4 pmol/L           Indeterminate         8.5 - 11.6 pmol/L					
		Positive			8.5 – 11.6 pmol/L 11.7 pmol/L or greater		
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Interpretive Data: Refer to Report See Compliance Statement B: www.aruplab.com/CS



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Note: If Striated Muscle Ab is detected, then a titer will be added. Additional charges apply.

If N-methyl-D-Aspartate Receptor Antibody is positive, then titer will be added. Additional charges apply.

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

If Aquaporin-4 Receptor Antibody IgG by ELISA is positive, then Aquaporin-4 Receptor Antibody, IgG by IFA will be added. If positive, then a titer will be added. Additional charges apply.

If Acetylcholine Receptor Binding Antibody result is greater than 0.4 nmol/L then Acetylcholine Receptor Modulating Antibody will be added. Additional charges apply.

Purkinje Cell (PCCA) antibody and Neuronal Nuclear (ANNA) antibody IgG are screened by IFA. If the IFA screen is indeterminate, then a Neuronal Nuclear Antibodies (Hu, Ri, Yo, and Tr/DNER) IgG by Immunoblot will be added. If the IFA screen is positive at 1:10 or greater, then a PCCA/ANNA antibodies titer and Neuronal Nuclear Antibodies (Hu, Ri, Yo, Tr/DNER) IgG by Immunoblot will be added. Additional charges apply.

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

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

If Alpha-amino-3-hydroxy-5-methyl-4-isoxazolepropionic Acid (AMPA) Receptor Antibody, IgG by IFA with Reflex to Titer, Serum is positive, then an Alpha-amino-3-hydroxy-5-methyl-4-isoxazolepropionic Acid (AMPA) Receptor Antibody Titer, IgG, Serum is reported. Additional charges apply. If Gamma Aminobutyric Acid Receptor, Type B (GABA-BR) Antibody, IgG by IFA with Reflex to Titer, Serum is positive, then a Gamma Aminobutyric Acid Receptor, Type B (GABA-BR) Antibody, IgG, Serum is performed. Additional charges apply.

If Myelin Oligodendrocyte Glycoprotein (MOG) Antibody, IgG by IFA with Reflex to Titer, Serum is positive, then a Myelin Oligodendrocyte Glycoprotein (MOG) Antibody Titer, IgG is performed. Additional charges apply.

**CPT Code(s):** 83519 x5; 83516 x2; 84182 x2; 86255 x9; 86341; if reflexed, additional CPT codes may apply: 83516; 86255; 86256; 84182 x4

New York DOH approval pending. Call for status update.

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