

HOTLINE: Effective August 16, 2021

New Test **3004070** **Autoimmune Neurologic Disease Reflexive Panel, Serum** **NEURO R3**

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: Serum Separator Tube (SST)

Specimen Preparation: 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)

Storage/Transport Temperature: Frozen

Unacceptable Conditions: Amniotic fluid, ocular fluid, peritoneal fluid, synovial fluid, CSF, or plasma. Contaminated, hemolyzed, icteric, or lipemic specimens.

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

Reference Interval:

Test Number	Components	Reference Interval			
2004221	N-methyl-D-Aspartate Receptor Antibody, IgG, Serum with Reflex to Titer	Less than 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			
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		
2007961	Paraneoplastic Antibodies (PCCA/ANNA) by IFA with Reflex to Titer and Immunoblot	Test Number	Components	Reference Interval	
			Purkinje Cell/Neuronal Nuclear IgG Scrn	None Detected	
			Neuronal Nuclear Antibody (ANNA) IFA Titer, IgG	Less than 1:10	
			Purkinje Cell Antibody, Titer	Less than 1:10	
		3002917	Neuronal Nuclear Antibodies (Hu, Ri, Yo, Tr/DNER) IgG by Immunoblot, Serum	Components	Reference Interval
					Refer to report
		Refer to report			
		Refer to report			
		Refer to report			
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			
0080009	Acetylcholine Receptor Binding Antibody	Negative	0.0-0.4 nmol/L		
		Positive	0.5 nmol/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			

Interpretive Data:

Refer to Report

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.

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

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

If Aquaporin-4 Receptor Antibody, IgG by IFA with Reflex to Titer, Serum is positive, then titer will be performed. Additional charges apply.

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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 performed. 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 performed. Additional charges apply.

If Leucine-Rich, Glioma-Inactivated Protein 1 Antibody, IgG with Reflex to Titer, Serum is positive, then Leucine-Rich, Glioma-Inactivated Protein 1 Antibody Titer, IgG by IFA, Serum will be performed. Additional charges apply.

If Contactin-Associated Protein-2 Antibody, IgG with Reflex to Titer, Serum is positive, then Contactin-Associated Protein-2 Antibody Titer, IgG by IFA, Serum will be performed. 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 will be performed. 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 Titer, IgG, Serum will be 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 will be performed. Additional charges apply.

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

New York DOH Approved.

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