

HOTLINE: Effective February 22, 2022

New Test **3004517** **Paraneoplastic Reflexive Panel, CSF** **PNSPAN CSF**

Methodology: Semi-Quantitative Indirect Fluorescent Antibody/Qualitative Immunoblot
Performed: Wed
Reported: 1-9 days

Specimen Required: Collect: CSF.

Specimen Preparation: Transfer 2 mL CSF to an ARUP Standard Transport Tube. (Min: 1 mL).

Storage/Transport Temperature: Refrigerated

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

Stability (collection to initiation of testing): Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month

Reference Interval:

Test Number	Components	Reference Interval	
3002257	CV2.1 Screen by IFA with Reflex to Titer, CSF	Less than 1:1	
2010841	PCCA/ANNA by IFA with Reflex to Titer and Immunoblot, CSF	Test Number	
		Components	
		Reference Interval	
		Purkinje Cell/Neuronal Nuclear IgG Sern	None Detected
		Neuronal Nuclear Antibody (ANNA) IFA Titer, IgG	Less than 1:1
Purkinje Cell Antibody, Titer	Less than 1:1		
Neuronal Nuclear Antibodies (Hu, Ri, Yo, Tr/DNER) IgG by Immunoblot, CSF	Refer to report		
3004510	Amphiphysin Antibody, IgG, CSF	Negative	
3002885	SOX1 Antibody, IgG by Immunoblot, CSF	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 U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

Note: 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, Tr/DNER) IgG by Immunoblot will be added. If the IFA screen is positive at 1:1 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 CV2.1 Antibody IgG Screen by IFA is positive, then CV2.1 Antibody IgG Titer by IFA will be added. Additional charges apply.

CPT Code(s): 86255 x2; 84182 x2; if reflexed add 86256 and/or 84182 x4; if reflexed add 86256

New York DOH approval pending. Call for status update.

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