

NEW TEST

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Autoimmune Encephalitis Reflex Panel, CSF

3006049, AE CSF	
Specimen Requirements:	
Patient Preparation:	
Collect:	CSF
Specimen Preparation:	Transfer three (3) 1 mL CSF aliquots to ARUP standard transport tubes. (Min: 1.5 mL)
Transport Temperature:	Frozen.
Unacceptable Conditions:	Contaminated specimens.
Remarks:	
Stability:	Ambient: 24 hours; Refrigerated: 1 week; Frozen: 1 month (Three freeze/thaw cycles are acceptable)
Methodology:	Semiquantitative Cell-Based Indirect Fluorescent Antibody/Quantitative Radioimmunoassay/Semiquantitative Enzyme-Linked Immunosorbent Assay
Performed:	Tue
Reported:	3-10 days
Note:	If NMDA CSF antibody IgG is positive, then titer will be added. Additional charges apply. If AQP4 CSF antibody IgG is positive, then titer will be added. Additional charges apply. If AMPA CSF antibody IgG is positive, then titer will be added. Additional charges apply. If GABA-BR CSF antibody IgG is positive, then titer will be added. Additional charges apply. If CASPR2 CSF antibody IgG is positive, then titer will be added. Additional charges apply. If LGI1 CSF antibody IgG is positive, then titer will be added. Additional charges apply. If DPPX CSF antibody IgG is positive, then titer will be added. Additional charges apply. If IgLON5 CSF antibody IgG is positive, then titer will be added. Additional charges apply. If GABA-AR CSF antibody IgG is positive, then titer will be added. Additional charges apply. If IgLON5 CSF antibody IgG is positive, then titer will be added. Additional charges apply. If GABA-AR CSF antibody IgG is positive, then titer will be added. Additional charges apply. If mGluR1 CSF antibody IgG is positive, then titer will be added. Additional charges apply.
CPT Codes:	86052; 86255 x9; 83519; 86341; if reflexed, add 86256 per titer.



New York DOH Approval Status:

Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible.

Interpretive Data:

Refer to report.

Component	Interpretation
Voltage-Gated Potassium	0.0-1.1 pmol/L: Negative 1.2
Channel Ab, CSF	pmol/L or greater:
	Positive

Reference Interval:

Test Number	Components	Reference Interval
	Glutamic Acid Decarboxylase Antibody CSF	0.0-5.0 IU/mL
	N-methyl-D-Aspartate Receptor Ab, CSF	Less than 1:1
	Neuromyelitis Optica/AQP4-IgG, CSF	Less than 1:1
	AMPA Receptor Ab IgG Screen, CSF	Less than 1:1
	GABA-B Receptor Ab IgG Screen, CSF	Less than 1:1
	Voltage-Gated Potassium Channel Ab, CSF	0.0-1.1 pmol/L
	CASPR2 Ab IgG Screen by IFA, CSF	Less than 1:1
	LGI1 Ab IgG Screen by IFA, CSF	Less than 1:1
	DPPX Ab IgG CBA IFA Screen, CSF	Less than 1:1
	IgLON5 Ab IgG CBA-IFA Screen, CSF	Less than 1:1
	GABA-AR Ab IgG CBA-IFA Screen, CSF	Less than 1:1
	mGluR1 Ab IgG CBA-IFA Screen, CSF	Less than 1:1

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