

**NEW TEST**

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**Autoimmune Encephalitis Extended Panel, Serum**

3006050, ENCEPHEXT2

**Specimen Requirements:**

**Patient Preparation:**

**Collect:** Serum Separator Tube (SST).

**Specimen Preparation:** Separate from cells ASAP or within 2 hours of collection. Transfer three (3) 1 mL serum aliquots to ARUP standard transport tubes. (Min: 1.5 mL)

**Transport Temperature:** Frozen.

**Unacceptable Conditions:** Contaminated specimens.

**Remarks:**

**Stability:** After separation from cells: 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 N-methyl-D-Aspartate Receptor antibody is positive, then a titer will be added. Additional charges apply. If Aquaporin-4 Receptor antibody IgG is positive, then a titer 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 AMPAR antibody IgG is positive, then a titer will be added. Additional charges apply. If GABABR antibody IgG is positive, then a titer will be added. Additional charges apply. If MOG antibody IgG is positive, then a titer will be added. Additional charges apply. If DPPX antibody IgG is positive, then a titer will be added. Additional charges apply. If GABAAR antibody IgG is positive, then a titer will be added. Additional charges apply. If IgLON5 antibody IgG is positive, then a titer will be added. Additional charges apply. If mGluR1 antibody IgG is positive, then a titer

will be added. Additional charge apply.

**CPT Codes:** 83519; 86052; 86341; 86362; 86255 x9; 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	Interpretive Data (pmol/L)
Voltage-Gated Potassium Channel Ab, Ser	31 or less: Negative 32-87: Indeterminate 88 or greater: Positive

**Reference Interval:**

Test Number	Components	Reference Interval
	Glutamic Acid Decarboxylase Antibody	0.0-5.0 IU/mL
	N-methyl-D-Aspartate Receptor Ab, Serum	Less than 1:10
	Voltage-Gated Potassium Channel Ab, Ser	31 pmol/L or less
	CASPR2 Ab IgG Screen by IFA, Serum	Less than 1:10
	LGI1 Ab IgG Screen by IFA, Serum	Less than 1:10
	Neuromyelitis Optica/AQP4-IgG, Serum	Less than 1:10
	AMPA Receptor Ab IgG Screen, Serum	Less than 1:10
	GABA-B Receptor Ab IgG Screen, Serum	Less than 1:10
	MOG Antibody IgG Screen, Serum	Less than 1:10
	DPPX Ab IgG CBA IFA Screen, Serum	Less than 1:10
	GABA-AR Ab IgG CBA-IFA Screen, Serum	Less than 1:10
	IgLON5 Ab IgG CBA-IFA Screen, Serum	Less than 1:10
	mGluR1 Ab IgG CBA-IFA Screen, Serum	Less than 1:10

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