

NEW TEST

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Autoimmune Neurologic Disease Panel with Reflex, Serum

3006051, NEURO R4

Specimen Requirements:

Patient Preparation:

Collect: Serum Separator Tube (SST)

Specimen Preparation: Separate from cells ASAP or within 2 hours of collection. Transfer four 1 mL serum aliquots to ARUP standard transport tubes. (Min: 2.8 mL)

Transport Temperature: Frozen

Unacceptable Conditions: Amniotic fluid, ocular fluid, peritoneal fluid, synovial fluid, CSF, or plasma. Contaminated, grossly hemolyzed, icteric, or lipemic 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/Qualitative Immunoblot/Quantitative Radioimmunoassay/Semiquantitative Enzyme-Linked Immunosorbent Assay

Performed: Tue

Reported: 3-10 days

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, and Acetylcholine Receptor Binding Antibody will be added. Additional charges apply. If AQP4 antibody IgG is positive, then titer will be added. Additional charges apply. If PCCA/ANNA antibody IgG is 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 LGI1 antibody IgG is positive, then titer will be

added. Additional charges apply. If CASPR2 antibody IgG is positive, then titer will be added. Additional charges apply. If AMPAR antibody IgG is positive, then titer will be added. Additional charges apply. If GABA-BR antibody IgG is positive, then titer will be added. Additional charges apply. If MOG antibody IgG is positive, then titer will be added. Additional charges apply. If DPPX antibody IgG is positive, then titer will be added. Additional charges apply. If ITPR1 antibody IgG is positive, then titer will be added. Additional charges apply. If IgLON5 antibody IgG is positive, then titer will be added. Additional charges apply. If GABA-AR antibody IgG is positive, then titer will be added. Additional charges apply. If mGLUR1 antibody IgG is positive, then titer will be added. Additional charges apply.

CPT Codes: 83519 x2; 84182 x2; 86255 x12; 86341; 86052; 86362; 86596; if reflexed, add 83519; 84182 x4; 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 Channel (VGKC) Antibody, Serum	31 pmol/L or less: Negative 32-87 pmol/L: Indeterminate 88 pmol/L or greater: Positive
P/Q-Type Voltage-Gated Calcium Channel (VGCC) Antibody	0.0 to 24.5 pmol/L: Negative 24.6 to 45.6 pmol/L: Indeterminate 45.7 pmol/L or greater: Positive
Ganglionic Acetylcholine Receptor Antibody	0.0 - 8.4 pmol/L: Negative 8.5 - 11.6 pmol/L: Indeterminate 11.7 pmol/L or greater: Positive

Reference Interval:

Test Number	Components	Reference Interval
	Neuronal Antibody (Amphiphysin)	Negative
	P/Q-Type Calcium Channel Antibody	24.5 pmol/L or less
	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
	Purkinje Cell/Neuronal Nuclear IgG Scrn	None Detected
	CASPR2 Ab IgG Screen by IFA, Serum	Less than 1:10
	LG11 Ab IgG Screen by IFA, Serum	Less than 1:10
	Neuromyelitis Optica/AQP4-IgG, Serum	Less than 1:10
	CV2.1 Antibody IgG Screen by IFA	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
	SOX1 Antibody, IgG by Immunoblot, Serum	Negative
	Ganglionic Acetylcholine Receptor Ab	8.4 pmol/L or less
	DPPX Ab IgG CBA IFA Screen, Serum	Less than 1:10
	ITPR1 Ab IgG CBA-IFA Screen, Serum	Less than 1:10
	IgLON5 Ab IgG CBA-IFA Screen, Serum	Less than 1:10
	GABA-AR 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.