

TEST CHANGE

Autoimmune Neurologic Disease Panel with Reflex, Serum 3006051, NEURO R4

Specimen Requirements:

Patient Preparation:

Collect: Serum <u>separator tube</u>Separator <u>Tube</u> (SST)

Specimen Preparation: Separate from cells ASAP or within 2 hours of collection.

Transfer four 1 mL serum aliquots to ARUP standard transport

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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: <u>Semi-Quantitative Semiguantitative</u> Cell-Based Indirect

Fluorescent Antibody/Qualitative Immunoblot/Quantitative Radioimmunoassay (RIA)/Semi-Quantitative/Semiquantitative Enzyme Immunoassay (EIA)-Linked Immunosorbent Assay

Performed: Tue

Reported: 3-10 days

Note: If N-methyl-D-Aspartate Receptor Antibody is positive, then

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,

titer will be performed. Additional charges apply. If CV2.1

charges apply. If LGI1 antibody IgG is positive, then titer will be added. Additional charges apply. If CASPR2 antibody IgG is

Tr/DNER) IgG by Immunoblot will be performed. Additional



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.

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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: This test is New York DOH approved.

Interpretive Data:

Refer to Report

Component

Voltage-Gated 31 pmol/L or less: Negative 32-87 Potassium Channel (VGKC) pmol/L: Antibody, Serum Indeterminate 88 pmol/L or greater: Positive P/Q-Type 0.0 to 24.5 Voltage-Gated pmol/L: Negative Calcium Channel 24.6 to 45.6 (VGCC) Antibody pmol/L: Indeterminate 45.7 pmol/L or greater: Positive Ganglionic 0.0 to= 8.4 Acetylcholine pmol/L: Negative Receptor 8.5 <u>to</u>= 11.6

> pmol/L: Indeterminate 11.7 pmol/L or greater: Positive

Interpretation

Reference Interval:

Antibody



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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
	NMDAN-methyl-D-Aspartate Receptor Ab IgG CBA-IFA, 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 <u>CBA-IFA</u> Screen-by IFA, Serum	Less than 1:10
	LGI1 Ab IgG <u>CBA-IFA</u> Screen-by IFA, Serum	Less than 1:10
	NMONeuromyelitis Optica/AQP4Ab-IgG CBA-IFA Screen, Serum	Less than 1:10
	CV2.1 <u>Ab</u> Antibody IgG <u>CBA-IFA</u> Screen, <u>Serum by IFA</u>	Less than 1:10
	AMPA Receptor Ab IgG <u>CBA-IFA</u> <u>Scrn</u> Screen, Serum	Less than 1:10
	GABA- <u>BR</u> B-Receptor Ab IgG <u>CBA-IFA Scrn.</u> <u>SerScreen, Serum</u>	Less than 1:10
	MOG <u>Ab</u> Antibody IgG <u>CBA-IFA</u> 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 <u>-</u> 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