

**NEW TEST**

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**Autoimmune Neurologic Disease Panel With Reflex, CSF**

3006052, NEURORCSF2

**Specimen Requirements:**

**Patient Preparation:**

**Collect:** CSF

**Specimen Preparation:** Transfer four 1 mL CSF aliquots to ARUP standard transport tubes. (Min: 2.8 mL)

**Transport Temperature:** Frozen

**Unacceptable Conditions:** Fluid other than CSF. Grossly hemolyzed 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 NMDA 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. PCCA/ANNA CSF antibodies are screened by IFA. If the IFA screen is indeterminate, then the Immunoblot will be added. If the IFA screen is positive at 1:1, then a specific titer (PCCA or ANNA) and Immunoblot will be added. Additional charges apply. If LGI1 CSF antibody IgG is positive, then titer will be added. Additional charges apply. If CV2.1 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 ITPR1 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 antibody IgG is positive, then titer will be added. Additional charges apply.

**CPT Codes:** 86255 x12; 83519; 86341; 84182 x2; if reflexed, add 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	Interpretive Data
Voltage-Gated Potassium Channel Ab, CSF	0.0-1.1 pmol/L: Negative 1.2 pmol/L or greater: Positive

**Reference Interval:**

Test Number	Components	Reference Interval
	N-methyl-D-Aspartate Receptor Ab, CSF	Less than 1:1
	Paraneoplastic Abs (PCCA/ANNA) IgG, CSF	None Detected
	AMPA Receptor Ab IgG Screen, CSF	Less than 1:1
	GABA-B Receptor Ab IgG Screen, CSF	Less than 1:1
	CASPR2 Ab IgG Screen by IFA, CSF	Less than 1:1
	Voltage-Gated Potassium Channel Ab, CSF	0.0-1.1 pmol/L
	LGI1 Ab IgG Screen by IFA, CSF	Less than 1:1
	CV2.1 Ab IgG Screen, CSF	Less than 1:1
	Glutamic Acid Decarboxylase Antibody CSF	0.0-5.0 IU/mL
	SOX1 Antibody, IgG by Immunoblot, CSF	Negative
	Amphiphysin Antibody, CSF	Negative
	DPPX Ab IgG CBA IFA Screen, CSF	Less than 1:1
	ITPR1 Ab IgG CBA-IFA Screen, CSF	Less than 1:10
	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.**