

TEST CHANGE

Autoimmune Neurologic Disease Panel ~~w~~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: ~~Semi-Quantitative~~~~Semiquantitative~~ 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 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: This test is New York DOH approved.

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
	NMDA -methyl-D-Aspartate Receptor Ab IgG CBA-IFA, CSF	Less than 1:1
	Paraneoplastic Abs (PCCA/ANNA) IgG, CSF	None Detected
	AMPA Receptor Ab IgG CBA-IFA Screen, CSF	Less than 1:1
	GABA- BRB Receptor Ab IgG CBA-IFA Screen, CSF	Less than 1:1
	CASPR2 Ab IgG CBA-IFA Screen-by IFA, CSF	Less than 1:1
	Voltage-Gated Potassium Channel Ab, CSF	0.0-1.1 pmol/L
	LG11 Ab IgG CBA-IFA Screen-by IFA, CSF	Less than 1:1
	CV2.1 Ab IgG CBA-IFA 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 1:1
	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