

NEW TEST

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Autoimmune Encephalopathy/Dementia Panel, CSF

3006202, AIENCDEMC

Specimen Requirements:

Patient Preparation: N/A

Collect: CSF

Specimen Preparation: Transfer three 1 mL CSF aliquots to ARUP standard transport tubes. (Min: 0.5 mL/aliquot)

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: 30 days (avoid repeated freeze/thaw cycles)

Methodology: Semi-Quantitative Cell-Based Indirect Fluorescent Antibody/Semi-Quantitative Indirect Fluorescent Antibody (IFA)/Qualitative Immunoblot/Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

Performed: Varies

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 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 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 by IFA is positive,

then titer will be added. Additional charges apply. If IgLON5 CSF antibody IgG by IFA is positive, then titer will be added. Additional charges apply. If mGluR1 CSF antibody IgG by IFA is positive, then titer will be added. Additional charges apply.

CPT Codes: 86341; 84182 x2; 86255 x10; 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

Reference Interval:

Test Number	Components	Reference Interval
	mGluR1 Ab IgG CBA-IFA Screen, CSF	Less than 1:1
	Glutamic Acid Decarboxylase Antibody CSF	0.0-5.0 IU/mL
	LGI1 Ab IgG Screen by IFA, CSF	Less than 1:1
	N-methyl-D-Aspartate Receptor Ab, CSF	Less than 1:1
	CASPR2 Ab IgG Screen by IFA, CSF	Less than 1:1
	AMPA Receptor Ab IgG Screen, CSF	Less than 1:1
	GABA-B Receptor Ab IgG Screen, CSF	Less than 1:1
	CV2.1 Ab IgG Screen, CSF	Less than 1:1
	DPPX Ab IgG CBA IFA Screen, CSF	Less than 1:1
	IgLON5 Ab IgG CBA-IFA Screen, CSF	Less than 1:1
	SOX1 Antibody, IgG by Immunoblot, CSF	Negative
	Amphiphysin Antibody, CSF	Negative
	Paraneoplastic Abs (PCCA/ANNA) IgG, CSF	None Detected

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