

**TEST CHANGE** 

Autoimmune Dysautonomia Panel, Serum 3006203, AIDYS

Snaciman	Requirements:
Specimen	negunements.

**Patient Preparation:** 

Collect: Serum separator tube (SST)

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

Transfer three 1 mL serum aliquots to ARUP standard transport

Effective Date: February 20, 2024

tubes. (Min: 0.5 mL/aliquot)

Transport Temperature: Frozen

Unacceptable Conditions: Amniotic fluid, ocular fluid, peritoneal fluid, synovial fluid, CSF,

or plasma. Contaminated, hemolyzed, icteric, or lipemic

specimens.

Remarks:

Stability: After separation from cells: Ambient: 48 hours; Refrigerated: 14

days; Frozen: 1 month 30 days (avoid repeated freeze/thaw

cycles)

Methodology: Semi-Quantitative Cell-Based Indirect Fluorescent

Antibody/Semi-Quantitative Indirect Fluorescent Antibody (IFA)/Qualitative Radioimmunoassay (RIA)/Qualitative

**Immunoblot** 

Performed: Varies

Reported: 3-10 days

Note: PCCA/ANNA antibody IgG is screened by IFA. If the IFA screen

is indeterminate, then a Neuronal Nuclear Antibodies (Hu) 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) IgG by Immunoblot will be performed. Additional charges apply. If CASPR2 antibody IgG is positive, then titer will be added. Additional charges apply. If LGI1 antibody IgG is positive, then titer will be added. Additional charges apply. If CV2.1 antibody IgG is positive, then titer will be added. Additional charges apply. If DPPX antibody IgG by IFA is positive, then titer will be added.

Additional charges apply.

CPT Codes: 83519; 86255 x5; if reflexed add 84182; 86256 per titer



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New York DOH Approval Status: This test is New York DOH approved.

Interpretive Data:

Refer to report

Component Interpretation
Ganglionic 0.0 - 8.4 pmol/L
Acetylcholine Receptor 11.6 pmol/L
Antibody Indeterminate 11.7 pmol/L or greater Positive

## Reference Interval:

Test Number	Components	Reference Interval
	CV2-1 Ab IgG CBA-IFA Screen, Serum	Less than 1:100
	Purkinje Cell/Neuronal Nuclear IgG Scrn	None Detected
	Ganglionic Acetylcholine Receptor Ab	8.4 pmol/L or less
	DPPX Ab IgG CBA-IFA Screen, Serum	Less than 1:10
	CASPR2 Ab IgG CBA-IFA Screen, Serum	Less than 1:10
	LGI1 Ab IgG CBA-IFA Screen, Serum	Less than 1:10

HOTLINE NOTE: There is a reflexive pattern change associated with this test. One or more orderable or component has been added or removed to the reflexive pattern. Refer to the Hotline Test Mix for interface build information.