

TEST CHANGE

Autoimmune Epilepsy Panel, Serum

3006204, AIEPS

Specimen Requirements:

Patient Preparation:	N/A
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 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: 24 hours; Refrigerated: 1 week; Frozen: 1 month (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 antibody IgG is positive, then titer will be performed. Additional charges apply. If CV2 antibody IgG is positive, then titer will be added. Additional charges apply. 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, Tr/DNER) IgG by Immunoblot will be performed. Additional charges apply. If LGI1 antibody IgG is positive, then titer will be added. Additional charges apply. If CASPR2 antibody IgG is positive, then titer will be added. Additional charges apply. If AMPA 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 DPPX antibody IgG by IFA is positive, then titer will be added. Additional charges apply. If GABA-AR antibody IgG by IFA is positive, then titer will be added. Additional charges apply. If mGluR1 antibody IgG by IFA is positive, then titer will be added. Additional charges apply.

CPT Codes: 86341; 84182 ~~x3~~~~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
	CV2 Ab IgG CBA-IFA Screen, Serum	Less than 1:100
	<u>Ma2/Ta Antibody, IgG by Immunoblot, Ser</u>	<u>Negative</u>
	Purkinje Cell/Neuronal Nuclear IgG Scrn	None Detected
	Neuronal Antibody (Amphiphysin)	Negative
	Glutamic Acid Decarboxylase Antibody	0.0-5.0 IU/mL
	NMDA Receptor Ab IgG CBA-IFA, Serum	Less than 1:10
	SOX1 Antibody, IgG by Immunoblot, Serum	Negative
	AMPA Receptor Ab IgG CBA-IFA Scrn, Serum	Less than 1:10
	GABA-BR Ab IgG CBA-IFA Scrn, Ser	Less than 1:10
	DPPX 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
	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 component change associated with this test. One or more components have been added or removed. Refer to the Hotline Test Mix for interface build information.