

**TEST CHANGE**

**Autoimmune Epilepsy Panel, CSF**

3006205, AIEPC

**Specimen Requirements:**

**Patient Preparation:**

**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: ~~1 month~~**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 performed. Additional charges apply. If CV2-~~+~~ 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 CASPR2 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 DPPX CSF antibody IgG by IFA is positive, then titer will be added. Additional charges apply. If


GABA-AR 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 CBA-IFA Screen, CSF	Less than 1:1
	NMDA Receptor Ab IgG CBA-IFA, CSF	Less than 1:1
	CASPR2 Ab IgG CBA-IFA Screen, CSF	Less than 1:1
	AMPA Receptor Ab IgG CBA-IFA Screen, CSF	Less than 1:1
	GABA-BR Ab IgG CBA-IFA Screen, CSF	Less than 1:1
	CV2-  Ab IgG CBA-IFA Screen, CSF	Less than 1:1
	DPPX Ab IgG CBA-IFA Screen, CSF	Less than 1:1
	SOX1 Antibody, IgG by Immunoblot, CSF	Negative
	Amphiphysin Antibody, CSF	Negative
	GABA-AR Ab IgG CBA-IFA Screen, CSF	Less than 1:1
	Paraneoplastic Abs (PCCA/ANNA) IgG, CSF	None Detected

**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.**