

TEST CHANGE

Autoimmune Epilepsy Panel, CSF

3006205, AIEPC

Specimen Requirements:

Patient Preparation:

Collect: CSF

Specimen Preparation: Transfer ~~4~~³ ~~three~~ ¹ mL ~~CSF aliquots~~ to ARUP standard transport tubes. (Min: ~~20.5~~ ²⁰ mL/~~aliquot~~)

Transport Temperature: Frozen

Unacceptable Conditions: Fluid other than CSF. Grossly hemolyzed specimens.

Remarks:

Stability: 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)

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 x3; 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
	AMPA Receptor Ab IgG CBA-IFA Screen, CSF	Less than 1:1
	Amphiphysin Antibody, CSF	Negative
	CASPR2 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
	GABA-AR Ab IgG CBA IFA Screen, CSF	Less than 1:1
	GABA-BR 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
	Ma2/Ta Antibody, IgG by Immunoblot, CSF	Negative
	mGluR1 Ab IgG CBA IFA Screen, CSF	Less than 1:1
	NMDA Receptor Ab IgG CBA-IFA, CSF	Less than 1:1
	Paraneoplastic Abs (PCCA/ANNA) IgG, CSF	None Detected
	SOX1 Antibody, IgG by Immunoblot, CSF	Negative