TEST CHANGE

Autoimmune Myelopathy Panel, Serum

3006208, AIMYS

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~~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 CV2~~.1~~ 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 DPPX antibody IgG by IFA is positive, then titer will be added. Additional charges apply. If AQP4/NMO 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. If MOG antibody IgG by IFA is

	positive, then titer will be added. Additional charges apply. If GABA-BR antibody IgG by IFA is positive, then titer will be added. Additional charges apply.
CPT Codes:	86341; 86362; 86052; 84182 x2; 86255 x5; 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~~.1~~ Ab IgG CBA-IFA Screen, Serum	Less than 1:100
	Neuronal Antibody (Amphiphysin)	Negative
	Glutamic Acid Decarboxylase Antibody	0.0-5.0 IU/mL
	Purkinje Cell/Neuronal Nuclear IgG Scrn	None Detected
	SOX1 Antibody, IgG by Immunoblot, Serum	Negative
	NMO/AQP4 Ab IgG CBA-IFA Screen, Serum	Less than 1:10
	GABA-BR Ab IgG CBA-IFA Scrn, Ser	Less than 1:10
	MOG Ab IgG CBA-IFA Screen, Serum	Less than 1:10
	DPPX Ab IgG CBA-IFA Screen, Serum	Less than 1:10
	mGluR1 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.