

NEW TEST

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Autoimmune Pediatric CNS Disorders, Serum

3006210, AIPEDS

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: 30 days (avoid repeated freeze/thaw cycles)

Methodology: Semi-Quantitative Cell-Based Indirect Fluorescent Antibody/Semi-Quantitative Indirect Fluorescent Antibody (IFA)/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. PCCA/ANNA antibody IgG is screened by IFA. If the IFA screen is indeterminate, then a Neuronal Nuclear Antibodies (Hu 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 and 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 AQP4/NMO 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. If MOG antibody IgG by IFA 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 mGluR1 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.

CPT Codes: 86341; 86362; 86052; 86255 x8; if reflexed add 84182 x2; 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
	Purkinje Cell/Neuronal Nuclear IgG Scrn	None Detected
	Glutamic Acid Decarboxylase Antibody	0.0-5.0 IU/mL
	N-methyl-D-Aspartate Receptor Ab, Serum	Less than 1:10
	Neuromyelitis Optica/AQP4-IgG, Serum	Less than 1:10
	GABA-B Receptor Ab IgG Screen, Serum	Less than 1:10
	MOG Antibody IgG Screen, Serum	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 Screen by IFA, Serum	Less than 1:10
	LGI1 Ab IgG Screen by IFA, Serum	Less than 1:10

HOTLINE NOTE: Refer to the Hotline Test Mix for interface build information.