

**TEST CHANGE**

Kelch-Like Protein 11 Antibody, IgG by CBA-IFA, With Reflex to Titer, CSF  
3018508, KLHL11 CSF

**Specimen Requirements:**

**Patient Preparation:**

**Collect:** Separate CSF.

**Specimen Preparation:** Transfer ~~10.5~~ mL CSF to an ARUP standard transport tube.  
(Min: ~~0.315~~ mL)

**Transport Temperature:** Refrigerated

**Unacceptable Conditions:** Grossly hemolyzed or contaminated specimens.

**Remarks:**

**Stability:** Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month  
(three freeze/thaw cycles are acceptable)

**Methodology:** Semi-Quantitative Cell-Based Indirect Fluorescent Antibody

**Note:** If KLHL11 antibody IgG is positive, then KLHL11 antibody IgG titer will be added. Additional charges apply.

**CPT Codes:** 86255; if reflexed, add 86256

**New York DOH Approval Status:** This test is New York DOH approved.

**Interpretive Data:**

IgG antibodies to KLHL11 are associated with paraneoplastic neurologic syndromes with phenotypes most often including a combination of brainstem and cerebellar encephalitis as well as sensorineural hearing loss. Patients with anti-KLHL11 syndromes should be thoroughly evaluated for cancer, including testicular cancer, as neurologic symptoms often precede cancer diagnosis. Consider sending testing in serum as well as CSF to improve diagnostic yield. Coexisting and clinically relevant antineural antibodies have been reported; consider ordering a phenotype-specific panel to assess for these. Results (positive or negative) should be interpreted in the context of the patient's complete clinical picture, as false positives may occur, and a negative result does not exclude the diagnosis of immune-mediated neurologic disease.

**Reference Interval:**

Test Number	Components	Reference Interval
	KLHL11 Ab IgG CBA-IFA Screen, CSF	Less than 1:1