TEST CHANGE

Autoimmune Movement Disorder Panel, Serum

3018964, AIMDS2

Specimen Requirements:	
Patient Preparation:	
Collect:	Serum separator tube (SST)
Specimen Preparation:	Separate from cells ASAP or within 2 hours of collection. Transfer 3~~three 1~~ mL serum ~~aliquots~~ to ARUP standard transport tube~~s~~. (Min: 1~~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 (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) / Quantitative Radioimmunoassay (RIA)
Note:	If NMDA antibody IgG is positive, then titer will be performed. Additional charges apply. If CV2 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 PCCA is detected, ITPR1 antibody IgG will be added and if positive, then titer will be added. 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 DPPX antibody IgG by IFA is positive, then titer will be added. Additional charges apply. If AMPA antibody IgG is positive, then titer will be added. Additional charges apply. If GABA-BR antibody IgG 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. If mGluR1 antibody IgG by IFA is positive, then titer will be added. Additional charges apply. If IgLON5 antibody IgG by IFA is positive, then titer will be added. Additional charges apply If KLHL11 antibody IgG by IFA is positive, then titer will be added. Additional charges apply.
CPT Codes:	86341; 86596; 84182 x3; 86255 x12; if reflexed add 84182 x4; 86255; 86256 per titer
New York DOH Approval Status:	This test is New York DOH approved.

Interpretive Data:

Refer to report.

Component	Interpretation
P/Q-Type Voltage-Gated Calcium Channel (VGCC) Antibody	0.0-24.5 pmol/L Negative 24.6-45.6 pmol/L Indeterminate 45.7 pmol/L or greater Positive

Reference Interval:

Test Number	Components	Reference Interval
	AMPA Receptor Ab IgG CBA-IFA Scrn, Serum	Less than 1:10
	CASPR2 Ab IgG CBA-IFA Screen, Serum	Less than 1:10
	CV2 Ab IgG CBA-IFA Screen, Serum	Less than 1:100
	DPPX Ab IgG CBA-IFA Screen, Serum	Less than 1:10
	GABA-AR Ab IgG CBA IFA Screen, Serum	Less than 1:10
	GABA-BR Ab IgG CBA-IFA Scrn, Ser	Less than 1:10
	Glutamic Acid Decarboxylase Antibody	0.0-5.0 IU/mL
	IgLON5 Ab IgG CBA IFA Screen, Serum	Less than 1:10
	KLHL11 Ab IgG CBA-IFA Screen, Serum	Less than 1:10
	LGI1 Ab IgG CBA-IFA Screen, Serum	Less than 1:10
	Ma2/Ta Antibody, IgG by Immunoblot, Ser	Negative
	mGluR1 Ab IgG CBA IFA Screen, Serum	Less than 1:10
	Neuronal Antibody (Amphiphysin)	Negative
	NMDA Receptor Ab IgG CBA-IFA, Serum	Less than 1:10
	P/Q-Type Calcium Channel Antibody	24.5 pmol/L or less
	Purkinje Cell/Neuronal Nuclear IgG Scrn	None Detected
	SOX1 Antibody, IgG by Immunoblot, Serum	Negative
