

NEW TEST

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Autoimmune Neurologic Disease Panel With Reflex, Serum

3018965, NEURO R5

Specimen Requirements:

Patient Preparation:

Collect: Serum separator tube (SST)

Specimen Preparation: Separate from cells ASAP or within 2 hours of collection. Transfer four 1 mL serum aliquots to ARUP standard transport tubes. (Min: 2.8 mL)

Transport Temperature: Frozen

Unacceptable Conditions: Amniotic fluid, ocular fluid, peritoneal fluid, synovial fluid, CSF, or plasma. Contaminated, grossly hemolyzed, icteric, or lipemic specimens.

Remarks:

Stability: After separation from cells: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 1 month (Three freeze/thaw cycles are acceptable)

Methodology: Semi-Quantitative Cell-Based Indirect Fluorescent Antibody / Qualitative Immunoblot / Quantitative Radioimmunoassay (RIA) / Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA) / Semi-Quantitative Indirect Fluorescent Antibody (IFA)

Performed: Tue

Reported: 3-10 days

Note: If N-methyl-D-Aspartate Receptor Antibody is positive, then titer will be performed. Additional charges apply. If CV2 Antibody IgG Screen by IFA is positive, then titer will be performed, and Acetylcholine Receptor Binding Antibody will be added. Additional charges apply. If AQP4 antibody IgG is positive, then titer will be added. Additional charges apply. If 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 AMPAR 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 MOG antibody IgG is positive, then titer will be added. Additional charges apply. If DPPX antibody IgG is positive, then titer will be added. Additional charges apply. If IgLON5 antibody IgG is positive, then titer will be added. Additional charges apply. If GABA-AR antibody IgG is positive, then titer will be added. Additional charges apply. If mGLUR1 antibody IgG 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: 83519 x2; 84182 x3; 86255 x12; 86341; 86052; 86362; 86596; if reflexed, add 86255; 84182 x4; 86041; 86256 per titer

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

Interpretive Data:

Reference Interval:

Test Number	Components	Reference Interval

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