

**TEST CHANGE****Autoimmune Neurologic Disease Panel With Reflex, CSF**

3018967, NEURORCSF3

**Specimen Requirements:****Patient Preparation:**

Collect: CSF

Specimen Preparation: Transfer ~~4~~four 1 mL CSF aliquots to ARUP standard transport tubes. (Min: 2.8 mL)

Transport Temperature: Frozen

Unacceptable Conditions: Fluid other than CSF. Grossly hemolyzed specimens.

**Remarks:**Stability: 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)

Note: If NMDA CSF antibody IgG is positive, then titer will be added. Additional charges apply.  
If AMPA CSF antibody IgG is positive, then titer will be added. Additional charges apply.  
If GABA-BR CSF antibody IgG is positive, then titer will be added. Additional charges apply.  
If CASPR2 CSF antibody IgG is positive, then titer will be added. Additional charges apply.  
PCCA/ANNA CSF antibodies are screened by IFA. If the IFA screen is indeterminate, then the Immunoblot will be added. If the IFA screen is positive at 1:1, then a specific titer (PCCA or ANNA) and Immunoblot will be added. 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 CSF antibody IgG is positive, then titer will be added. Additional charges apply.  
If CV2 CSF antibody IgG is positive, then titer will be added. Additional charges apply.  
If DPPX CSF antibody IgG is positive, then titer will be added. Additional charges apply.  
If IgLON5 CSF antibody IgG is positive, then titer will be added. Additional charges apply.  
If GABA-AR CSF antibody IgG is positive, then titer will be added. Additional charges apply.  
If mGUR1 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:	86255 x12; 83519; 86341; 84182 x3; if reflexed, add 84182 x4; 86255; 86256 per titer
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New York DOH Approval Status: This test is New York DOH approved.

Interpretive Data:

Refer to Report

Component	Interpretive Data
Voltage-Gated Potassium Channel Ab, CSF	0.0-1.1 pmol/L: Negative 1.2 pmol/L or greater: Positive

Reference Interval:

Test Number	Components	Reference Interval
	AMPA Receptor Ab IgG CBA-IFA Screen, CSF	Less than 1:1
	Amphiphysin Antibody, CSF	Negative
	CASPR2 Ab IgG CBA-IFA Screen, CSF	Less than 1:1
	CV2 Ab IgG CBA-IFA Screen, CSF	Less than 1:1
	DPPX Ab IgG CBA-IFA Screen, CSF	Less than 1:1
	GABA-AR Ab IgG CBA IFA Screen, CSF	Less than 1:1
	GABA-BR Ab IgG CBA-IFA Screen, CSF	Less than 1:1
	Glutamic Acid Decarboxylase Antibody CSF	0.0-5.0 IU/mL
	IgLON5 Ab IgG CBA IFA Screen, CSF	Less than 1:1
	KLHL11 Ab IgG CBA-IFA Screen, CSF	Less than 1:1
	LGI1 Ab IgG CBA-IFA Screen, CSF	Less than 1:1
	Ma2/Ta Antibody, IgG by Immunoblot, CSF	Negative
	mGluR1 Ab IgG CBA IFA Screen, CSF	Less than 1:1
	NMDA Receptor Ab IgG CBA-IFA, CSF	Less than 1:1
	Paraneoplastic Abs (PCCA/ANNA) IgG, CSF	None Detected
	SOX1 Antibody, IgG by Immunoblot, CSF	Negative
	Voltage-Gated Potassium Channel Ab, CSF	1.1 pmol/L or less

