

NEW TEST

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Autoimmune Neurologic Disease Panel With Reflex, CSF

3018967, NEURORCSF3

Specimen Requirements:

Patient Preparation:

Collect: CSF

Specimen Preparation: Transfer 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: 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 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 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: 86255 x12; 83519; 86341; 84182 x3; if reflexed, add 84182 x4; 86255; 86256 per titer

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

Interpretive Data:

Reference Interval:

Test Number	Components	Reference Interval
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HOTLINE NOTE: Refer to the Hotline Test Mix for interface build information.