

Patient: [REDACTED]
 DOB: [REDACTED] Age: [REDACTED] Gender: [REDACTED]
 Patient Identifiers: [REDACTED]
 Visit Number (FIN): [REDACTED]

Client: [REDACTED]
 Physician: [REDACTED]

ARUP Test Code: 0051225
 Collection Date: 11/28/2016
 Received in lab: 11/29/2016
 Completion Date: 12/03/2016

MAG Antibody, IgM Elisa

148 TU (Ref Interval: 0-999)

INTERPRETIVE INFORMATION: MAG Antibody, IgM ELISA

An elevated IgM antibody concentration greater than 999 TU against myelin-associated glycoprotein (MAG) suggests active demyelination in peripheral neuropathy. A normal concentration (less than 999 TU) generally rules out an anti-MAG antibody-associated peripheral neuropathy.

TU=Titer Units

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement D: aruplab.com/CS

SGPG Antibody, IgM

0.02 IV (Ref Interval: 0.00-0.99)

INTERPRETIVE INFORMATION: SGPG Antibody, IgM

The majority of sulfate-3-glucuronyl paragloboside (SGPG) IgM-positive sera will show reactivity against MAG. Patients who are SGPG IgM positive and MAG IgM negative may have multi-focal motor neuropathy with conduction block.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement D: aruplab.com/CS

Asialo-GM1 Antibodies, IgG/IgM

29 IV (Ref Interval: 0-50)

GM1 Antibodies, IgG/IgM

8 IV (Ref Interval: 0-50)

GD1a Antibodies, IgG/IgM

56 IV H (Ref Interval: 0-50)

GD1b Antibodies, IgG/IgM

13 IV (Ref Interval: 0-50)

GQ1b Antibodies, IgG/IgM

2 IV (Ref Interval: 0-50)

INTERPRETIVE INFORMATION: Ganglioside (Asialo-GM1, GM1, GM2, GD1a, GD1b, and GQ1b) Antibodies, IgG/IgM

29 IV or less: Negative
 30-50 IV: Equivocal
 51-100 IV: Positive
 101 IV or greater: Strong Positive

Ganglioside antibodies are associated with diverse peripheral neuropathies. Elevated antibody levels to ganglioside-monosialic acid (GM1), and the neutral glycolipid, asialo GM1 are associated with motor or sensorimotor neuropathies, particularly multifocal motor neuropathy. Anti-GM1 may occur as IgM (polyclonal or monoclonal) or IgG antibodies. These antibodies may also be found in patients with diverse connective tissue diseases as well as normal individuals. GD1a antibodies are associated with different variants of Guillain-Barre syndrome (GBS) particularly acute motor axonal neuropathy while GD1b antibodies are predominantly found in sensory ataxic neuropathy syndrome. Anti-GQ1b antibodies are seen in more than 80 percent of patients with Miller-Fisher syndrome and may be elevated in GBS patients with ophthalmoplegia. The role of isolated anti-GM2 antibodies is unknown. These tests by themselves are not diagnostic and should be used in conjunction with other clinical parameters to



Patient: [REDACTED]
 ARUP Accession: 16-333-107729

Motor Neuropathy Panel

Patient: [REDACTED] | Date of Birth: [REDACTED] | Gender: [REDACTED] | Physician: [REDACTED]
 Patient Identifiers: [REDACTED] | Visit Number (FIN): [REDACTED]

confirm disease.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement D: aruplab.com/CS

Immunoglobulin G	1400 mg/dL		(Ref Interval: 768-1632)
	REFERENCE INTERVAL: Immunoglobulin G		
	Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com).		
Immunoglobulin A	161 mg/dL		(Ref Interval: 68-408)
	REFERENCE INTERVAL: Immunoglobulin A		
	Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com).		
Immunoglobulin M	131 mg/dL		(Ref Interval: 35-263)
	REFERENCE INTERVAL: Immunoglobulin M		
	Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com).		
Total Protein-Electrophoresis	8.70 g/dL	H	(Ref Interval: 6.00-8.30)
Albumin	4.81 g/dL		(Ref Interval: 3.75-5.01)
Alpha 1 Globulin	0.41 g/dL		(Ref Interval: 0.19-0.46)
Alpha 2 Globulin	1.06 g/dL	H	(Ref Interval: 0.48-1.05)
Beta Globulin	1.03 g/dL		(Ref Interval: 0.48-1.10)
Gamma	1.39 g/dL		(Ref Interval: 0.62-1.51)
Immunofixation	IFE Done		
SPEP/IFE Interpretation	See Note		
	Normal SPEP pattern. IFE shows a normal pattern; no monoclonal proteins seen.		

Note: Electrophoresis image and Immunofixation (IFE) Gel image, as applicable, continue on following page.

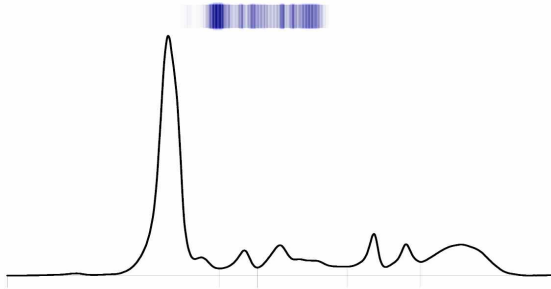


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Electrophoresis Image



Immunofixation (IFE) Gel Image

