



Procedure	Result	Units	Ref Interval	Accession	Collected	Received	Reported/Verified
N-methyl-D-Aspartate Receptor Ab, CSF	1:160 *f		[< 1:1]	20-169-900116	17-Jun-20 11:48:00	17-Jun-20 11:48:00	17-Jun-20 12:11:55
Neuromyelitis Optica/AQP4-IgG Titer, CSF	1:160 *		[< 1:1]	20-169-900116	17-Jun-20 11:48:00	17-Jun-20 11:48:00	17-Jun-20 12:13:16
Neuromyelitis Optica/AQP4-IgG, CSF	Detected *		[< 1:1]	20-169-900116	17-Jun-20 11:48:00	17-Jun-20 11:48:00	17-Jun-20 12:11:55
AMPA Receptor Ab IgG Screen, CSF	Detected *		[< 1:1]	20-169-900116	17-Jun-20 11:48:00	17-Jun-20 11:48:00	17-Jun-20 12:11:55
AMPA Receptor Ab IgG Titer, CSF	1:80 *		[< 1:1]	20-169-900116	17-Jun-20 11:48:00	17-Jun-20 11:48:00	17-Jun-20 12:13:10
GABA-B Receptor Ab IgG Screen, CSF	Detected *		[< 1:1]	20-169-900116	17-Jun-20 11:48:00	17-Jun-20 11:48:00	17-Jun-20 12:11:55
GABA-B Receptor Ab IgG Titer, CSF	1:40 *		[< 1:1]	20-169-900116	17-Jun-20 11:48:00	17-Jun-20 11:48:00	17-Jun-20 12:13:24
CASPR2 Ab IgG Screen by IFA, CSF	Detected *		[< 1:1]	20-169-900116	17-Jun-20 11:48:00	17-Jun-20 11:48:00	17-Jun-20 12:11:55
CASPR2 Ab IgG Titer by IFA, CSF	1:20 *		[< 1:1]	20-169-900116	17-Jun-20 11:48:00	17-Jun-20 11:48:00	17-Jun-20 12:13:18
LGII Ab IgG Screen by IFA, CSF	Detected *		[< 1:1]	20-169-900116	17-Jun-20 11:48:00	17-Jun-20 11:48:00	17-Jun-20 12:11:55
LGII Ab IgG Titer by IFA, CSF	1:40 *		[< 1:1]	20-169-900116	17-Jun-20 11:48:00	17-Jun-20 11:48:00	17-Jun-20 12:13:25
Voltage-Gated Potassium Channel Ab, CSF	2.5 H	pmol/L	[0.0-1.1]	20-169-900116	17-Jun-20 11:48:00	17-Jun-20 11:48:00	17-Jun-20 12:11:55
Glutamic Acid Decarboxylase Antibody CSF	60.0 H	IU/mL	[0.0-5.0]	20-169-900116	17-Jun-20 11:48:00	17-Jun-20 11:48:00	17-Jun-20 12:11:55

17-Jun-20 11:48:00 Neuromyelitis Optica/AQP4-IgG, CSF
 Aquaporin-4 Receptor Antibody, IgG is detected. Titer results to follow.

17-Jun-20 11:48:00 AMPA Receptor Ab IgG Screen, CSF
 AMPAR Antibody, IgG is detected. Titer results to follow.

17-Jun-20 11:48:00 GABA-B Receptor Ab IgG Screen, CSF
 GABA-BR Antibody, IgG is detected. Titer results to follow.

17-Jun-20 11:48:00 CASPR2 Ab IgG Screen by IFA, CSF
 CASPR2 Antibody, IgG is detected. Titer results to follow.

17-Jun-20 11:48:00 LGII Ab IgG Screen by IFA, CSF
 LGII Antibody, IgG is detected. Titer results to follow.

17-Jun-20 11:48:00 N-methyl-D-Aspartate Receptor Ab, CSF:

Antibodies to NMDA were detected; titer was performed at an additional charge.

17-Jun-20 11:48:00 N-methyl-D-Aspartate Receptor Ab, CSF:
 INTERPRETIVE INFORMATION: N-methyl-D-Aspartate
 Receptor Ab, CSF

Anti-NMDA receptor IgG antibody is found in a subset of patients with autoimmune limbic encephalitis and may occur with or without associated tumor. Decreasing antibody levels may be associated with therapeutic response; therefore, clinical correlation must be strongly considered. A negative test result does not rule out a diagnosis of autoimmune limbic encephalitis.

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

17-Jun-20 11:48:00 Neuromyelitis Optica/AQP4-IgG, CSF:
 INTERPRETIVE INFORMATION: Neuromyelitis Optica/AQP4-IgG, CSF Rflx

Diagnosis of neuromyelitis optica (NMO) requires the presence of longitudinally extensive acute myelitis (lesions extending over 3 or more vertebral segments) and optic neuritis.

* Abnormal, # = Corrected, C = Critical, f = Footnote, H = High, L = Low, t = Interpretive Text, @ = Reference Lab

Approximately 75 percent of patients with NMO express antibodies to the aquaporin-4 (AQP4) receptor. While the absence of AQP4 receptor antibodies does not rule out a diagnosis of NMO, presence of this antibody is diagnostic for NMO.

See Compliance Statement B: www.aruplab.com/CS

17-Jun-20 11:48:00 AMPA Receptor Ab IgG Screen, CSF:
INTERPRETIVE INFORMATION: AMPA Receptor Ab IgG Screen, CSF

Alpha-amino-3-hydroxy-5-methyl-4-isoxazolepropionic acid receptor (AMPA) antibody is found in a subset of patients with autoimmune limbic encephalitis and may occur with or without associated tumor. Decreasing antibody levels may be associated with therapeutic response; therefore, clinical correlation must be strongly considered. A negative test result does not rule out a diagnosis of autoimmune encephalitis.

This indirect fluorescent antibody assay utilizes AMPAR transfected cell lines for the detection and semi-quantification of AMPAR IgG antibody.

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

17-Jun-20 11:48:00 AMPA Receptor Ab IgG Titer, CSF:
INTERPRETIVE INFORMATION: AMPA Receptor Ab IgG Titer, CSF

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

17-Jun-20 11:48:00 GABA-B Receptor Ab IgG Screen, CSF:
INTERPRETIVE INFORMATION: GABA Receptor Ab IgG Screen, CSF

Gamma-amino butyric acid receptor, type B (GABA-BR) antibody is found in a subset of patients with autoimmune limbic encephalitis and may occur with or without associated tumor. Decreasing antibody levels may be associated with therapeutic response; therefore, clinical correlation must be strongly considered. A negative test result does not rule out a diagnosis of autoimmune encephalitis.

This indirect fluorescent antibody assay utilizes GABA-BR transfected cell lines for the detection and semi-quantification of GABA-BR IgG antibody.

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

17-Jun-20 11:48:00 GABA-B Receptor Ab IgG Titer, CSF:
INTERPRETIVE INFORMATION: GABA-B Receptor Ab IgG Titer, CSF

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

17-Jun-20 11:48:00 CASPR2 Ab IgG Screen by IFA, CSF:
INTERPRETIVE INFORMATION: CASPR2 Ab IgG w/Reflex
to Titer, CSF

Contactin-associated protein-2 (CASPR2) IgG antibody may occur as part of the voltage-gated potassium channel (VGKC) complex antibodies.

* Abnormal, # = Corrected, C = Critical, f = Footnote, H = High, L = Low, t = Interpretive Text, @ = Reference Lab

The presence of CASPR2 IgG antibody is associated with a wide spectrum of clinical manifestations, including acquired neuromyotonia, limbic encephalitis, painful neuropathy, and Morvan syndrome. Tumors such as thymoma, small cell lung cancer, and other rarer tumors may occur. The full-spectrum of clinical disorders and tumors associated with the CASPR2 IgG antibody continues to be defined. Results should be interpreted in correlation with the patient's clinical history and other laboratory findings.

This indirect fluorescent antibody assay utilizes contactin-associated protein-2 (CASPR2) transfected cell lines for the detection and semi-quantification of the CASPR2 IgG antibody.

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

17-Jun-20 11:48:00 CASPR2 Ab IgG Titer by IFA, CSF:
INTERPRETIVE INFORMATION: CASPR2 Ab Titer IgG by IFA, CSF

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

17-Jun-20 11:48:00 LGI1 Ab IgG Screen by IFA, CSF:
INTERPRETIVE INFORMATION: LGI1 Ab IgG w/Reflex to Titer, CSF

Leucine-rich, glioma-inactivated 1 protein (LGI1) IgG antibody may occur as part of the voltage-gated potassium channel (VGKC) complex antibodies.

The presence of LGI1 IgG antibody is mainly associated with limbic encephalitis, hyponatremia, and myoclonic movements. LGI1 IgG antibody is rarely associated with tumors but may occur infrequently in Morvan syndrome, neuromyotonia, and idiopathic epilepsy. The full-spectrum of clinical disorders associated with the LGI1 IgG antibody continues to be defined. Results should be interpreted in correlation with the patient's clinical history and other laboratory findings.

This indirect fluorescent antibody assay utilizes leucine-rich, glioma-inactivated 1 protein (LGI1) transfected cell lines for the detection and semi-quantification of the LGI1 IgG antibody.

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

17-Jun-20 11:48:00 LGI1 Ab IgG Titer by IFA, CSF:
INTERPRETIVE INFORMATION: LGI1 Ab Titer IgG by IFA, CSF

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

17-Jun-20 11:48:00 Voltage-Gated Potassium Channel Ab, CSF:
INTERPRETIVE INFORMATION: Voltage-Gated Potassium Channel
(VGKC) Antibody, CSF

* Abnormal, # = Corrected, C = Critical, f = Footnote, H = High, L = Low, t = Interpretive Text, @ = Reference Lab

Voltage-Gated Potassium Channel (VGKC) antibodies are associated with neuromuscular weakness as found in neuromyotonia (also known as Issacs syndrome) and Morvan syndrome. VGKC antibodies are also associated with paraneoplastic neurological syndromes and limbic encephalitis; however, VGKC antibody-associated limbic encephalitis may be associated with antibodies to leucine-rich, glioma-inactivated 1 protein (LGI1) or contactin-associated protein-2 (CASPR2) instead of potassium channel antigens. A substantial number of VGKC-antibody positive cases are negative for LGI1 and CASPR2 IgG autoantibodies, not all VGKC complex antigens are known. The clinical significance of this test can only be determined in conjunction with the patient's clinical history and related laboratory testing.

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

17-Jun-20 11:48:00 Glutamic Acid Decarboxylase Antibody CSF:
INTERPRETIVE INFORMATION: Glutamic Acid Decarboxylase
Antibody, CSF

A value greater than 5.0 IU/mL is considered positive for glutamic acid decarboxylase antibody (GAD AB CSF).

This assay is intended for the semi-quantitative determination of the GAD Ab in human CSF. Results should be interpreted within the context of clinical symptoms.

See Compliance Statement B: www.aruplab.com/CS