500 Chipeta Way, Salt Lake City, Utah 84108-1221 phone: 801-583-2787, toll free: 800-522-2787

Tracy I. George, MD, Chief Medical Officer

Patient Age/Sex: 33 years Female

| Specimen Collected: 10-Jun-22 11:23 |                        |                 |                                  |
|-------------------------------------|------------------------|-----------------|----------------------------------|
| Motor Neuropathy Panel              | Received:              | 10-Jun-22 11:48 | Report/Verified: 16-Jun-22 13:29 |
| Procedure                           | Result                 | Units           | Reference Interval               |
| MAG Antibody, IgM Elisa             | э 2500 <sup>н і1</sup> | TU              | 0-999                            |
| SGPG Antibody,IgM                   | 35.00 H i2             | IV              | 0.00-0.99                        |
| Asialo-GM1 Antibodies               | , 100 <sup>H</sup>     | IV              | 0-50                             |
| IgG/IgM                             |                        |                 |                                  |
| GM1 Antibodies, IgG/IgN             | M 100 <sup>H</sup>     | IV              | 0-50                             |
| GD1a Antibodies,IgG/                | 100 <sup>H</sup>       | IV              | 0-50                             |
| IgM                                 |                        |                 |                                  |
| GD1b Antibodies,IgG/                | 100 H                  | IV              | 0-50                             |
| IgM                                 |                        |                 |                                  |
| GQ1b Antibodies,IgG/                | 100 H i3               | IV              | 0-50                             |
| IgM                                 |                        |                 |                                  |
| Immunoglobulin G                    | 2250 H i4              | mg/dL           | 768-1632                         |
| Immunoglobulin A                    | 50 L i5                | mg/dL           | 68-408                           |
| Immunoglobulin M                    | 25 <sup>L i6</sup>     | mg/dL           | 35-263                           |
| Total Protein,Serum                 | 8.6 <sup>H</sup>       | g/dL            | 6.3-8.2                          |
| Albumin                             | 4.70                   | g/dL            | 3.75-5.01                        |
| Alpha 1 Globulin                    | 0.29                   | g/dL            | 0.19-0.46                        |
| Alpha 2 Globulin                    | 0.66                   | g/dL            | 0.48-1.05                        |
| Beta Globulin                       | 0.56                   | g/dL            | 0.48-1.10                        |
| Gamma                               | 2.39 H                 | g/dL            | 0.62-1.51                        |
| Monoclonal Protein                  | 2.22                   | g/dL            |                                  |
| Immunofixation                      | IFE Done               |                 |                                  |

#### Result Footnote

Interpretation

SPEP/IFE

Panel

f1: SPEP/IFE Interpretation

EER Motor Neuropathy

M-spike in the gamma region. The monoclonal protein peak accounts for 2.22~g/dL of the total 2.39~g/dL of protein in the gamma region. IFE gel pattern shows an IgG type kappa monoclonal protein.

f2: EER Motor Neuropathy Panel

Authorized individuals can access the ARUP Enhanced Report using the following link:

See Note f1

See Note f2

#### Test Information

il: MAG Antibody, IgM Elisa

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.

\*=Abnormal, #=Corrected, C=Critical, f=Result Footnote, H-High, i-Test Information, L-Low, t-Interpretive Text, @=Performing lab

Unless otherwise indicated, testing performed at:

ARUP Accession: 22-161-900077

**ARUP Laboratories**500 Chipeta Way, Salt Lake City, UT 84108

Laboratory Director: Tracy I. George, MD

 Report Request ID:
 16280583

 Printed:
 24-Jun-22 10:54

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Patient Report

500 Chipeta Way, Salt Lake City, Utah 84108-1221 phone: 801-583-2787, toll free: 800-522-2787

Tracy I. George, MD, Chief Medical Officer

Patient Age/Sex: 33 years Female

#### <u>Test Information</u>

il: MAG Antibody, IgM Elisa

TU=Titer Units

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

i2: SGPG Antibody, IgM

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.

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i3: GQ1b Antibodies, IgG/IgM

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 antibodes 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 confirm disease.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug

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500 Chipeta Way, Salt Lake City, UT 84108

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500 Chipeta Way, Salt Lake City, Utah 84108-1221

phone: 801-583-2787, toll free: 800-522-2787

Tracy I. George, MD, Chief Medical Officer

Patient Age/Sex: 33 years Female

# Test Information

i3: GQ1b Antibodies, IgG/IgM

Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

i4: Immunoglobulin G

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).

i5: Immunoglobulin A

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).

i6: Immunoglobulin M

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).

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Patient Report