

Specimen Collected: 13-Jun-23 05:58

CNS Demyelinating Disease Rflx Panel | Received: 13-Jun-23 06:06 Report/Verified: 13-Jun-23 06:26

Procedure	Result	Units	Reference Interval
NMO/AQP4 Ab IgG CBA-IFA Screen, Serum	Detected * t1 i1		[<1:10]
MOG Ab IgG CBA-IFA Screen, Serum	Detected * t2 i2		[<1:10]

MOG Ab IgG Titer by CBA-IFA, Ser | Received: 13-Jun-23 06:06 Report/Verified: 13-Jun-23 06:26

Procedure	Result	Units	Reference Interval
MOG Ab IgG CBA-IFA Titer, Serum	1:640 * i3		[<1:10]

NMO/AQP4-Ab IgG Titer by CBA-IFA, Ser | Received: 13-Jun-23 06:06 Report/Verified: 13-Jun-23 06:26

Procedure	Result	Units	Reference Interval
NMO/AQP4 Ab IgG CBA-IFA Titer, Serum	1:320 * i4		[<1:10]

Interpretive Text

t1: 13-Jun-23 05:58 (NMO/AQP4 Ab IgG CBA-IFA Screen, Serum)
Aquaporin-4 Receptor Antibody, IgG is detected. Titer results to follow.

t2: 13-Jun-23 05:58 (MOG Ab IgG CBA-IFA Screen, Serum)
MOG Antibody, IgG is detected. Titer results to follow.

Test Information

i1: NMO/AQP4 Ab IgG CBA-IFA Screen, Serum
INTERPRETIVE INFORMATION: Neuromyelitis Optica/AQP4-IgG, Serum

Neuromyelitis optic (NMO) commonly presents with optic neuritis or longitudinally extensive transverse myelitis. Approximately 75% of patients with NMO have 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.

This indirect fluorescent antibody assay utilizes AQP4 receptor transfected cell lines for the detection and semiquantification of AQP4 IgG antibody.

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: MOG Ab IgG CBA-IFA Screen, Serum
INTERPRETIVE INFORMATION: MOG Antibody IgG Screen, Serum

Myelin oligodendrocyte glycoprotein (MOG) antibody is found in a subset of patients with neuromyelitis optica spectrum disorders including optic neuritis and transverse myelitis, brainstem encephalitis and acute disseminated encephalomyelitis.

Persistence of antibody positivity may be associated with a relapsing course.

Decreasing antibody levels may be associated with therapeutic response; therefore,

*=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 Laboratories

500 Chipeta Way, Salt Lake City, UT 84108

Laboratory Director: Jonathan R. Genzen, MD, PhD

ARUP Accession: 23-164-900049

Report Request ID: 17763787

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Test Information

i2: MOG Ab IgG CBA-IFA Screen, Serum
clinical correlation must be strongly considered. A negative test result does not rule out a diagnosis of CNS demyelinating disease or autoimmune encephalitis.

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

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.

i3: MOG Ab IgG CBA-IFA Titer, Serum
INTERPRETIVE INFORMATION: MOG Antibody IgG Titer, Serum

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.

i4: NMO/AQP4 Ab IgG CBA-IFA Titer, Serum
INTERPRETIVE INFORMATION: Neuromyelitis Optica/AQP4-IgG
Titer Ser

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