



Procedure	Result	Units	Ref Interval	Accession	Collected	Received	Reported/Verified
Neuromyelitis Optica/AQP4-IgG, Serum	Detected *		[<1:10]	18-345-900162	11-Dec-18 17:32:00	11-Dec-18 17:32:00	11-Dec-18 17:53:04
Neuromyelitis Optica/AQP4-IgG Titer Ser	1:160 *		[<1:10]	18-345-900162	11-Dec-18 17:32:00	11-Dec-18 17:32:00	11-Dec-18 17:53:10
MOG Antibody IgG Screen, Serum	Detected *		[<1:10]	18-345-900162	11-Dec-18 17:32:00	11-Dec-18 17:32:00	11-Dec-18 17:53:04
MOG Antibody IgG Titer, Serum	1:10 *		[<1:10]	18-345-900162	11-Dec-18 17:32:00	11-Dec-18 17:32:00	11-Dec-18 17:53:11

11-Dec-18 17:32:00 Neuromyelitis Optica/AQP4-IgG, Serum
 Aquaporin-4 Receptor Antibody, IgG is detected. Titer results to follow.

11-Dec-18 17:32:00 MOG Antibody IgG Screen, Serum
 MOG Antibody, IgG is detected. Titer results to follow.

11-Dec-18 17:32:00 Neuromyelitis Optica/AQP4-IgG, Serum:
 INTERPRETIVE INFORMATION: Neuromyelitis Optica/AQP4-IgG
 w/Rfx, Ser

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

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

11-Dec-18 17:32:00 Neuromyelitis Optica/AQP4-IgG Titer Ser:
 INTERPRETIVE INFORMATION: Neuromyelitis Optica/AQP4-IgG
 Titer Ser

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

11-Dec-18 17:32:00 MOG Antibody IgG 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, 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.

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

11-Dec-18 17:32:00 MOG Antibody IgG Titer, Serum:

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

INTERPRETIVE INFORMATION: MOG Antibody IgG Titer, Serum

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