PATIENT REPORT

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

Jonathan R. Genzen, MD, PhD, Chief Medical Officer

Patient Age/Sex:

Unknown

Specimen Collected: 19-Dec-22 08:00					
Extended Autoimmune Encephalitis Panel	Received: 19-Dec-22	08:06	Report/Verified: 19-Dec-22 08:15		
Procedure	Result	Units	Reference Interval		
N-methyl-D-Aspartate Receptor	1:80 * f1 i1		[<1:10]		
Ab, Serum					
CASPR2 Ab IgG Screen by IFA, Serum	Detected * t1 i2		[<1:10]		
LGI1 Ab IgG Screen by IFA, Serum	Detected * t2 i3		[<1:10]		
Neuromyelitis Optica/AQP4-IgG, Serum	Detected * t3 i4		[<1:10]		
AMPA Receptor Ab IgG Screen,	Detected * t4 i5		[<1:10]		
Serum GABA-B Receptor Ab IgG Screen,	Detected * t5 i6		[<1:10]		
Serum MOG Antibody IgG Screen, Serum	Detected * t6 i7		[<1:10]		
DPPX Ab IgG CBA IFA Screen, Seru			[<1:10]		
GABA-AR Ab IgG CBA-IFA Screen,	Detected * t8 i9		[<1:10]		
Serum	Detected		[<1.10]		
IgLON5 Ab IgG CBA-IFA Screen, Serum	Detected * t9 i10		[<1:10]		
mGluR1 Ab IgG CBA-IFA Screen, Serum	Detected * t10 i11		[<1:10]		
Voltage-Gated Potassium Channel Ab, Ser	55 H i12	pmol/L	[0-31]		
Glutamic Acid Decarboxylase Antibody	10.0 H i13	IU/mL	[0.0-5.0]		
AMPA Receptor IgG Ab Serum, Titer Received: 19-Dec-22 08:06 Report/Verified: 19-Dec-22 08:15					
Procedure	Result	Units	Reference Interval		
AMPA Receptor Ab IgG Titer, Seru	m 1:40 * ⁱ¹⁴		[<1:10]		
CASPR2 Ab Titer IgG by IFA, Serum	Received: 19-Dec-22	08:06	Report/Verified: 19-Dec-22 08:15		
Procedure	Result	Units	Reference Interval		
CASPR2 Ab IgG Titer by IFA, Seru	m 1:80 * ⁱ¹⁵		[<1:10]		
Neuromyelitis Optica/AQP4-IgG Titer Ser	Received: 19-Dec-22	08:06	Report/Verified: 19-Dec-22 08:15		
Procedure	Result	Units	Reference Interval		
Neuromyelitis Optica/AQP4-IgG Titer Ser	1:40 * ⁱ¹⁶		[<1:10]		
DPPX IgG Ab Titer, Serum	Received: 19-Dec-22	08:06	Report/Verified: 19-Dec-22 08:15		
Procedure	Result	Units	Reference Interval		
DPPX Ab IgG CBA IFA Titer, Serum	T:T00 .		[<1:10]		

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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:

22-353-900011

Printed:

Report Request ID: 16445742

23-Dec-22 12:56

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

Jonathan R. Genzen, MD, PhD, Chief Medical Officer

Patient Age/Sex: Unknown

GABA-A Receptor IgG CBA-IFA Titer, Serum	Received: 19-Dec-22	08:06	Report/Verified: 19-Dec-22 08:15
Procedure GABA-AR Ab IgG CBA-IFA Titer, Serum	Result 1:80 * ⁱ¹⁷	Units	Reference Interval [<1:10]
GABA-B Receptor IgG Ab Serum, Titer	Received: 19-Dec-22	08:06	Report/Verified: 19-Dec-22 08:15
Procedure GABA-B Receptor Ab IgG Titer, Serum	Result 1:80 * ⁱ¹⁸	Units	Reference Interval [<1:10]
IgLON5 Ab IgG CBA-IFA Titer, Serum	Received: 19-Dec-22	08:06	Report/Verified: 19-Dec-22 08:15
Procedure IgLON5 Ab IgG CBA-IFA Titer, Serum	Result 1:80 * ⁱ¹⁹	Units	Reference Interval [<1:10]
LGI1 Ab Titer IgG by IFA, Serum	Received: 19-Dec-22	08:06	Report/Verified: 19-Dec-22 08:15
Procedure LGI1 Ab IgG Titer by IFA, Serum	Result n 1:80 * 120	Units	Reference Interval [<1:10]
MOG IgG Antibody Serum, Titer	Received: 19-Dec-22	08:06	Report/Verified: 19-Dec-22 08:15
Procedure MOG Antibody IgG Titer, Serum	Result 1:320 * ⁱ²¹	Units	Reference Interval [<1:10]
mGluR1 Ab IgG CBA-IFA Titer, Serum	Received: 19-Dec-22	08:06	Report/Verified: 19-Dec-22 08:15
Procedure mGluR1 Ab IgG CBA-IFA Titer, Serum	Result 1:80 * ⁱ²²	Units	Reference Interval [<1:10]

Interpretive Text

- t1: 19-Dec-22 08:00 (CASPR2 Ab IgG Screen by IFA, Serum)
 - CASPR2 Antibody, IgG is detected. Titer results to follow.
- 19-Dec-22 08:00 (LGI1 Ab IgG Screen by IFA, Serum) t.2:
 - LGI1 Antibody, IgG is detected. Titer results to follow.
- t3: 19-Dec-22 08:00 (Neuromyelitis Optica/AQP4-IgG, Serum)
 - Aquaporin-4 Receptor Antibody, IgG is detected. Titer results to follow.
- t4: 19-Dec-22 08:00 (AMPA Receptor Ab IgG Screen, Serum)
 - AMPAR Antibody, IgG is detected. Titer results to follow.
- 19-Dec-22 08:00 (GABA-B Receptor Ab IgG Screen, Serum)
 - GABA-BR Antibody, IgG is detected. Titer results to follow.
- t6: 19-Dec-22 08:00 (MOG Antibody IgG Screen, Serum)
 - MOG Antibody, IgG is detected. Titer results to follow.
- t.7: 19-Dec-22 08:00 (DPPX Ab IgG CBA IFA Screen, Serum)
 - DPPX Antibody, IgG is detected. Titer results to follow.
- t8: 19-Dec-22 08:00 (GABA-AR Ab IgG CBA-IFA Screen, Serum)
 - GABA-AR Antibody, IgG is detected. Titer results to follow.
- 19-Dec-22 08:00 (IgLON5 Ab IgG CBA-IFA Screen, Serum) t9:
 - IgLON5 Antibody, IgG is detected. Titer results to follow.
- t10: 19-Dec-22 08:00 (mGluR1 Ab IgG CBA-IFA Screen, Serum)
- mGluR1 Antibody, IgG is detected. Titer results to follow.

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Unknown

Result Footnote

f1: N-methyl-D-Aspartate Receptor Ab, Serum

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

Clinical trials for anti-NMDA receptor encephalitis are currently underway (clinicaltrials.gov).

Test Information

il: N-methyl-D-Aspartate Receptor Ab, Serum

INTERPRETIVE INFORMATION: N-methyl-D-Aspartate Receptor Ab, Serum 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.

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: CASPR2 Ab IgG Screen by IFA, Serum

INTERPRETIVE INFORMATION: CASPR2 Ab IgG by IFA, Serum

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

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 IqG 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: LGI1 Ab IgG Screen by IFA, Serum

INTERPRETIVE INFORMATION: LGI1 Ab IgG Screen by IFA, Serum

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

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Jonathan R. Genzen, MD, PhD, Chief Medical Officer

Patient Age/Sex:

Unknown

Test Information

i3: LGI1 Ab IgG Screen by IFA, Serum

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.

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: Neuromyelitis Optica/AQP4-IgG, Serum

INTERPRETIVE INFORMATION: Neuromyelitis Optica/AQP4-IgG,

Serum

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.

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.

i5: AMPA Receptor Ab IgG Screen, Serum

INTERPRETIVE INFORMATION: AMPA Receptor Ab IgG Screen,

Serum

Alpha-amino-3-hydroxy-5-methyl-4-isoxazoleproprionic acid receptor (AMPAR) 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.

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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Patient Age/Sex:

Unknown

Test Information

i5: AMPA Receptor Ab IgG Screen, Serum

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

i6: GABA-B Receptor Ab IgG Screen, Serum

INTERPRETIVE INFORMATION: GABA Receptor Ab IgG Screen,

Serum

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.

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.

i7: 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.

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.

i8: DPPX Ab IgG CBA IFA Screen, Serum
INTERPRETIVE INFORMATION: DPPX Ab IgG CBA IFA Screen, Serum

Anti-DPPX IgG antibody is found in a subset of patients with autoimmune 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.

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Jonathan R. Genzen, MD, PhD, Chief Medical Officer

Patient Age/Sex:

Unknown

Test Information

i8: DPPX Ab IgG CBA IFA Screen, Serum

This indirect fluorescent antibody cell-based assay (CBA) utilizes dipeptidyl aminopeptidase-like protein 6 (DPPX) transfected cells for the detection of the DPPX 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.

i9: GABA-AR Ab IgG CBA-IFA Screen, Serum

INTERPRETIVE INFORMATION: GABA-AR Ab IgG CBA-IFA Screen,

Serum

Gamma-aminobutyric acid receptor, type A (GABA-AR) antibody is found in a subset of patients with autoimmune encephalitis or autoimmune epilepsy and may occur with or without associated tumor. A negative test result does not rule out a diagnosis of autoimmune limbic encephalitis or autoimmune epilepsy. Interpretation of any antineural antibody test requires clinical correlation.

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

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

i10: IgLON5 Ab IgG CBA-IFA Screen, Serum

INTERPRETIVE INFORMATION: IgLON5 Ab IgG CBA-IFA Screen,

Serum

IgLON Family Member 5 (IgLON5) antibody is found in a subset of patients with autoimmune encephalitis or other autoimmune neurologic/neurodegenerative disorders and may occur with or without associated tumor. A negative test result does not rule out a diagnosis of an autoimmune neurologic disorder. Interpretation of any antineural antibody test requires clinical correlation.

This indirect fluorescent antibody assay utilizes IgLON5 transfected cell lines for detection and semi-quantification of IgLON5 IgG antibody.

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

ill: mGluR1 Ab IgG CBA-IFA Screen, Serum

INTERPRETIVE INFORMATION: mGluR1 Ab IgG CBA-IFA Screen,

Serum

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Jonathan R. Genzen, MD, PhD, Chief Medical Officer

Patient Age/Sex:

Unknown

Test Information

ill: mGluR1 Ab IgG CBA-IFA Screen, Serum

Metabotropic glutamate receptor 1 (mGluR1) antibody is found in a subset of patients with autoimmune cerebellar ataxia or autoimmune encephalitis and may occur with or without associated tumor. A negative test result does not rule out a diagnosis of autoimmune cerebellar ataxia or limbic encephalitis. Interpretation of any antineural antibody test requires clinical correlation.

This indirect fluorescent antibody assay utilizes mGluR1 transfected cell lines for detection and semi-quantification of mGluR1 IgG antibody.

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

il2: Voltage-Gated Potassium Channel Ab, Ser

INTERPRETIVE INFORMATION: Voltage-Gated Potassium Channel (VGKC) Antibody, Serum

Negative 31 pmol/L or less Indeterminate... 32 - 87 pmol/L Positive 88 pmol/L or greater

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.

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.

i13: Glutamic Acid Decarboxylase Antibody
INTERPRETIVE INFORMATION: Glutamic Acid Decarboxylase Antibody

A value greater than 5.0 IU/mL is considered positive for Glutamic Acid Decarboxylase Antibody (GAD Ab). This assay is intended for the semi-quantitative determination of the GAD Ab in human serum. Results should be interpreted within the context of clinical symptoms.

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Jonathan R. Genzen, MD, PhD, Chief Medical Officer

Patient Age/Sex:

Unknown

Test Information

i14: AMPA Receptor Ab IgG Titer, Serum

INTERPRETIVE INFORMATION: AMPA Receptor Ab 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.

i15: CASPR2 Ab IgG Titer by IFA, Serum

INTERPRETIVE INFORMATION: CASPR2 Ab Titer IgG by IFA,

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.

i16: Neuromyelitis Optica/AQP4-IgG Titer Ser

INTERPRETIVE INFORMATION: Neuromyelitis Optica/AQP4-IgG

Titer Ser

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.

i17: GABA-AR Ab IgG CBA-IFA Titer, Serum

INTERPRETIVE INFORMATION: GABA-AR Ab IgG CBA-IFA Titer,

Serum

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

i18: GABA-B Receptor Ab IgG Titer, Serum

INTERPRETIVE INFORMATION: GABA-B Receptor Ab 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.

i19: IgLON5 Ab IgG CBA-IFA Titer, Serum

INTERPRETIVE INFORMATION: IgLON5 Ab IgG CBA-IFA Titer, Serum

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Unknown

Test Information

i20: LGI1 Ab IgG Titer by IFA, Serum

INTERPRETIVE INFORMATION: LGI1 Ab Titer IgG by IFA,

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.

i21: MOG Antibody IgG 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.

i22: mGluR1 Ab IgG CBA-IFA Titer, Serum

INTERPRETIVE INFORMATION: mGluR1 Ab IgG CBA-IFA Titer, Serum

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