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PATIENT REPORT

Patient Age/Sex: Unknown

Specimen Collected: 19-Dec-22 08:00

Autoimmune Neurologic Disease Pan w/Rflx | **Received: 19-Dec-22 08:06** | **Report/Verified: 19-Dec-22 08:15**

Procedure	Result	Units	Reference Interval
Neuronal Antibody (Amphiphysin)	**Positive** * i1		[Negative]
Purkinje Cell/Neuronal Nuclear IgG Scrn	**ANNA Detected** * f1 i2		[None Detected]
N-methyl-D-Aspartate Receptor Ab,Serum	**1:160** * f2 i3		[<1:10]
CASPR2 Ab IgG Screen by IFA, Serum	**Detected** * t1 i4		[<1:10]
LGI1 Ab IgG Screen by IFA,Serum	**Detected** * t2 i5		[<1:10]
Neuromyelitis Optica/AQP4-IgG, Serum	**Detected** * t3 i6		[<1:10]
CV2.1 Antibody IgG Screen by IFA	**Detected** * t4 i7		[<1:10]
AMPA Receptor Ab IgG Screen, Serum	**Detected** * t5 i8		[<1:10]
GABA-B Receptor Ab IgG Screen, Serum	**Detected** * t6 i9		[<1:10]
MOG Antibody IgG Screen,Serum	**Detected** * t7 i10		[<1:10]
SOX1 Antibody,IgG by Immunoblot, Serum	**Positive** * i11		[Negative]
DPPX Ab IgG CBA IFA Screen,Serum	**Detected** * t8 i12		[<1:10]
GABA-AR Ab IgG CBA-IFA Screen, Serum	**Detected** * t9 i13		[<1:10]
IgLON5 Ab IgG CBA-IFA Screen, Serum	**Detected** * t10 i14		[<1:10]
ITPR1 Ab IgG CBA-IFA Screen, Serum	**Detected** * t11 i15		[<1:10]
mGluR1 Ab IgG CBA-IFA Screen, Serum	**Detected** * t12 i16		[<1:10]
P/Q-Type Calcium Channel Antibody	**55.0** H i17	pmol/L	[0.0-24.5]
Voltage-Gated Potassium Channel Ab,Ser	**55** H i18	pmol/L	[0-31]
Ganglionic Acetylcholine Receptor Ab	**15.0** H i19	pmol/L	[0.0-8.4]
Glutamic Acid Decarboxylase Antibody	**50.0** H i20	IU/mL	[0.0-5.0]

Neuronal Nuclear Ab (ANNA) IFA Titer,IgG | **Received: 19-Dec-22 08:06** | **Report/Verified: 19-Dec-22 08:15**

Procedure	Result	Units	Reference Interval
Neuronal Nuclear Ab (ANNA) IFA Titer IgG	**1:160** * i21		[<1:10]

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

Neuronal Nuclear Ab IgG, Immunoblot, Ser | **Received: 19-Dec-22 08:06** | **Report/Verified: 19-Dec-22 08:15**

Procedure	Result	Units	Reference Interval
Neuronal Nuclear Ab (Hu) IgG,IB, Serum	**Positive** * i22		[Negative]
Neuronal Nuclear Ab (Ri) IgG,IB, Serum	**High Positive** * i23		[Negative]
Neuronal Nuclear Ab (Yo) IgG,IB, Serum	**Positive** * i24		[Negative]
Neuronal Nuclear Ab (TR/DNER) IgG,IB	**High Positive** * i25		[Negative]

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,Serum	**1:80** * i26		[<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** * i27		[<1:10]

CASPR2 Ab Titer IgG by IFA, Serum | **Received: 19-Dec-22 08:06** | **Report/Verified: 19-Dec-22 08:16**

Procedure	Result	Units	Reference Interval
CASPR2 Ab IgG Titer by IFA,Serum	**1:40** * i28		[<1:10]

CV2.1 Antibody Titer, IgG | **Received: 19-Dec-22 08:06** | **Report/Verified: 19-Dec-22 08:16**

Procedure	Result	Units	Reference Interval
CV2.1 Antibody IgG Titer by IFA	**1:80** * i29		[<1:10]

DPPX IgG Ab Titer, Serum | **Received: 19-Dec-22 08:06** | **Report/Verified: 19-Dec-22 08:16**

Procedure	Result	Units	Reference Interval
DPPX Ab IgG CBA IFA Titer,Serum	**1:80** *		[<1:10]

GABA-A Receptor IgG CBA-IFA Titer, Serum | **Received: 19-Dec-22 08:06** | **Report/Verified: 19-Dec-22 08:16**

Procedure	Result	Units	Reference Interval
GABA-AR Ab IgG CBA-IFA Titer, Serum	**1:160** * i30		[<1:10]

GABA-B Receptor IgG Ab Serum, Titer | **Received: 19-Dec-22 08:06** | **Report/Verified: 19-Dec-22 08:16**

Procedure	Result	Units	Reference Interval
GABA-B Receptor Ab IgG Titer, Serum	**1:40** * i31		[<1:10]

ITPR1 Ab IgG CBA-IFA Titer, Serum | **Received: 19-Dec-22 08:06** | **Report/Verified: 19-Dec-22 08:16**

Procedure	Result	Units	Reference Interval
ITPR1 Ab IgG CBA-IFA Titer,Serum	**1:80** * i32		[<1:10]

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

IgLON5 Ab IgG CBA-IFA Titer, Serum	**Received: 19-Dec-22 08:06**		**Report/Verified: 19-Dec-22 08:16**
Procedure	**Result**	**Units**	**Reference Interval**
IgLON5 Ab IgG CBA-IFA Titer, Serum	**1:80** * i33		[<1:10]

LGI1 Ab Titer IgG by IFA, Serum	**Received: 19-Dec-22 08:06**		**Report/Verified: 19-Dec-22 08:16**
Procedure	**Result**	**Units**	**Reference Interval**
LGI1 Ab IgG Titer by IFA,Serum	**1:40** * i34		[<1:10]

MOG IgG Antibody Serum, Titer	**Received: 19-Dec-22 08:06**		**Report/Verified: 19-Dec-22 08:16**
Procedure	**Result**	**Units**	**Reference Interval**
MOG Antibody IgG Titer,Serum	**1:80** * i35		[<1:10]

mGluR1 Ab IgG CBA-IFA Titer, Serum	**Received: 19-Dec-22 08:06**		**Report/Verified: 19-Dec-22 08:16**
Procedure	**Result**	**Units**	**Reference Interval**
mGluR1 Ab IgG CBA-IFA Titer, Serum	**1:80** * i36		[<1:10]

Acetylcholine Binding Ab	**Received: 19-Dec-22 08:06**		**Report/Verified: 19-Dec-22 08:19**
Procedure	**Result**	**Units**	**Reference Interval**
Acetylcholine Binding Antibody	**5.0** H i37	nmol/L	[0.0-0.4]

Interpretive Text

t1: 19-Dec-22 08:00 (CASPR2 Ab IgG Screen by IFA, Serum)
CASPR2 Antibody, IgG is detected. Titer results to follow.
t2: 19-Dec-22 08:00 (LGI1 Ab IgG Screen by IFA, Serum)
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 (CV2.1 Antibody IgG Screen by IFA)
CV2.1 Antibody, IgG is detected. Titer results to follow. Additional charges apply.
t5: 19-Dec-22 08:00 (AMPA Receptor Ab IgG Screen, Serum)
AMPAR Antibody, IgG is detected. Titer results to follow.
t6: 19-Dec-22 08:00 (GABA-B Receptor Ab IgG Screen, Serum)
GABA-BR Antibody, IgG is detected. Titer results to follow.
t7: 19-Dec-22 08:00 (MOG Antibody IgG Screen, Serum)
MOG Antibody, IgG is detected. Titer results to follow.
t8: 19-Dec-22 08:00 (DPPX Ab IgG CBA IFA Screen, Serum)
DPPX Antibody, IgG is detected. Titer results to follow.
t9: 19-Dec-22 08:00 (GABA-AR Ab IgG CBA-IFA Screen, Serum)
GABA-AR Antibody, IgG is detected. Titer results to follow.
t10: 19-Dec-22 08:00 (IgLON5 Ab IgG CBA-IFA Screen, Serum)
IgLON5 Antibody, IgG is detected. Titer results to follow.
t11: 19-Dec-22 08:00 (ITPR1 Ab IgG CBA-IFA Screen, Serum)
ITPR1 Antibody, IgG is detected. Titer results to follow.
t12: 19-Dec-22 08:00 (mGluR1 Ab IgG CBA-IFA Screen, Serum)
mGluR1 Antibody, IgG is detected. Titer results to follow.

Result Footnote

f1: Purkinje Cell/Neuronal Nuclear IgG Scrn

Antibodies detected, therefore IFA titer and Immunoblot testing to be performed.

f2: 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

i1: Neuronal Antibody (Amphiphysin)

INTERPRETIVE INFORMATION: Amphiphysin Antibody, IgG

Amphiphysin antibody is present in about 5 percent of patients with stiff-person syndrome and is found variably in other causes of paraneoplastic neurological syndrome (PNS). Amphiphysin antibody is mainly associated with small-cell lung cancer and breast tumors.

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: Purkinje Cell/Neuronal Nuclear IgG Scrn

INTERPRETIVE INFORMATION: Purkinje Cell/Neuronal Nuclear IgG Scrn

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: 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.

i4: 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.

Test Information

i4: CASPR2 Ab IgG Screen by IFA, Serum

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.

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: 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.

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.

i6: 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

Test Information

i6: Neuromyelitis Optica/AQP4-IgG, Serum

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.

i7: CV2.1 Antibody IgG Screen by IFA

INTERPRETIVE INFORMATION: CV2.1 Antibody IgG Screen by IFA

CV2.1 antibodies aid in discriminating between chronic paraneoplastic neurological disorder (PND) and other inflammatory disorders of the nervous system. Anti-CV2.1 is associated with small-cell lung cancer and thymoma.

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

i9: 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.

Test Information

i9: GABA-B Receptor Ab IgG Screen, Serum

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.

i10: 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.

i11: SOX1 Antibody, IgG by Immunoblot, Serum

INTERPRETIVE INFORMATION: SOX1 Antibody, IgG by Immunoblot, Serum

SOX1 antibody is detected in patients with Lambert-Eaton myasthenic syndrome (LEMS) and in patients with paraneoplastic cerebellar degeneration (PCD), paraneoplastic and nonparaneoplastic neuropathy. SOX1 antibody is associated with small cell lung cancer. A negative test result does not rule out a diagnosis of LEMS or other causes of paraneoplastic neurological syndrome.

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

i12: 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.

Test Information

i12: 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.

i13: 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.

i14: 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.

i15: ITPR1 Ab IgG CBA-IFA Screen, Serum

INTERPRETIVE INFORMATION: ITPR1 Ab IgG CBA-IFA Screen, Serum

Test Information

i15: ITPR1 Ab IgG CBA-IFA Screen, Serum

Inositol 1, 4, 5-trisphosphate receptor type 1 (ITPR1) antibody is found in a subset of patients with autoimmune cerebellar ataxia, encephalitis, neuropathy, or myelopathy and may occur with or without associated tumor. A negative test result does not rule out a diagnosis of autoimmune cerebellar ataxia or related autoimmune neurologic disorders. Interpretation of any antineural antibody test requires clinical correlation.

This indirect fluorescent antibody assay utilizes ITPR1 transfected cell lines for detection and semi-quantification of ITPR1 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.

i16: mGluR1 Ab IgG CBA-IFA Screen, Serum

INTERPRETIVE INFORMATION: 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.

i17: P/Q-Type Calcium Channel Antibody

INTERPRETIVE INFORMATION: P/Q-Type Calcium Channel Antibody

0.0 to 24.5 pmol/L ..... Negative
24.6 to 45.6 pmol/L ..... Indeterminate
45.7 pmol/L or greater..... Positive

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.

i18: Voltage-Gated Potassium Channel Ab, Ser

INTERPRETIVE INFORMATION: Voltage-Gated Potassium Channel

Test Information

i18: Voltage-Gated Potassium Channel Ab, Ser
(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.

i19: Ganglionic Acetylcholine Receptor Ab
REFERENCE INTERVAL: Ganglionic Acetylcholine Receptor Ab

Negative . . . . . 0.0-8.4 pmol/L
Indeterminate. . . . . 8.5-11.6 pmol/L
Positive . . . . . 11.7 pmol/L or greater

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.

i20: 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.

i21: Neuronal Nuclear Ab (ANNA) IFA Titer IgG
INTERPRETIVE INFORMATION: Neuronal Nuclear Ab (ANNA) IFA Titer IgG

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

Test Information

i21: Neuronal Nuclear Ab (ANNA) IFA Titer IgG
Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

i22: Neuronal Nuclear Ab (Hu) IgG, IB, Serum
INTERPRETIVE INFORMATION: Neuronal Nuclear Ab IgG, Immunoblot, Ser
This test detects IgG antineuronal antibodies to Hu, Ri, Yo and Tr (DNER) antigens.

Antineuronal antibodies serve as markers that aid in discriminating between a true paraneoplastic neurological disorder (PND) and other inflammatory disorders of the nervous system. Anti-Hu (antineuronal nuclear antibody, type I) is associated with small-cell lung cancer. Anti-Ri (antineuronal nuclear antibody, type II) is associated with neuroblastoma in children and with fallopian tube and breast cancer in adults. Anti-Yo (anti-Purkinje cell cytoplasmic antibody) is associated with ovarian and breast cancer. Anti-Tr(DNER) is associated with Hodgkin's lymphoma.

The presence of one or more of these antineuronal antibodies supports a clinical diagnosis of PND and should lead to a focused search for the underlying neoplasm.

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

i23: Neuronal Nuclear Ab (Ri) IgG, IB, Serum
INTERPRETIVE INFORMATION: Neuronal Nuclear Ab (Ri) IgG, IB, Serum
Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement D: aruplab.com/CS

i24: Neuronal Nuclear Ab (Yo) IgG, IB, Serum
INTERPRETIVE INFORMATION: Neuronal Nuclear Ab (Yo) IgG, IB, Serum
Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement D: aruplab.com/CS

i25: Neuronal Nuclear Ab (TR/DNER) IgG, IB
INTERPRETIVE INFORMATION: Neuronal Nuclear Ab (TR/DNER) IgG, IB
Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement D: aruplab.com/CS

i26: 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.

i27: Neuromyelitis Optica/AQP4-IgG Titer Ser
INTERPRETIVE INFORMATION: Neuromyelitis Optica/AQP4-IgG

Test Information

i27: Neuromyelitis Optica/AQP4-IgG Titer Ser
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.

i28: CASPR2 Ab IgG Titer by IFA, Serum
INTERPRETIVE INFORMATION: CASPR2 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.

i29: CV2.1 Antibody IgG Titer by IFA
INTERPRETIVE INFORMATION: CV2.1 Antibody IgG Titer 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.

i30: 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.

i31: 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.

i32: ITPR1 Ab IgG CBA-IFA Titer, Serum
INTERPRETIVE INFORMATION: ITPR1 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.

i33: IgLON5 Ab IgG CBA-IFA Titer, Serum
INTERPRETIVE INFORMATION: IgLON5 Ab IgG CBA-IFA Titer, Serum

Test Information

i33: IgLON5 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.

i34: 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.

i35: 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.

i36: mGluR1 Ab IgG CBA-IFA Titer, Serum

INTERPRETIVE INFORMATION: mGluR1 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.

i37: Acetylcholine Binding Antibody

INTERPRETIVE INFORMATION: Acetylcholine Binding Ab

Negative ..... 0.0 - 0.4 nmol/L
Positive ..... 0.5 nmol/L or greater

Approximately 85-90 percent of patients with myasthenia gravis (MG) express antibodies to the acetylcholine receptor (AChR), which can be divided into binding, blocking, and modulating antibodies. Binding antibody can activate complement and lead to loss of AChR. Blocking antibody may impair binding of acetylcholine to the receptor, leading to poor muscle contraction. Modulating antibody causes receptor endocytosis resulting in loss of AChR expression, which correlates most closely with clinical severity of disease. Approximately 10-15 percent of individuals with confirmed myasthenia gravis have no measurable binding, blocking, or modulating antibodies.

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Test Information

i37: Acetylcholine Binding Antibody
Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

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