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PATIENT REPORT

Patient Age/Sex: Unknown

Specimen Collected: 21-Mar-23 15:51

Myasthenia Gravis Reflexive Panel | **Received: 21-Mar-23 15:51** | **Report/Verified: 21-Mar-23 16:02**

Procedure	Result	Units	Reference Interval
Acetylcholine Binding Antibody	0.4 i1	nmol/L	[0.0-0.4]
Acetylcholine Blocking Antibody	12 i2	%	[0-26]

MuSK IgG Ab CBA, Serum, with Rflx | **Received: 21-Mar-23 15:51** | **Report/Verified: 21-Mar-23 16:03**

Procedure	Result	Units	Reference Interval
MuSK Ab IgG CBA IFA Screen,Serum	**Detected** * t1 i3		[<1:10]

MuSK IgG Ab Titer, Serum | **Received: 21-Mar-23 15:51** | **Report/Verified: 21-Mar-23 16:03**

Procedure	Result	Units	Reference Interval
MuSK Ab IgG CBA IFA Titer,Serum	**1:80** * i4		[<1:10]

Interpretive Text

t1: 21-Mar-23 15:51 (MuSK Ab IgG CBA IFA Screen, Serum)
MuSK Antibody, IgG is detected. Titer results to follow.

Test Information

i1: 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.

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: Acetylcholine Blocking Antibody
INTERPRETIVE INFORMATION: Acetylcholine Blocking Ab

Negative ..... 0-26 percent blocking
Indeterminate ..... 27-41 percent blocking
Positive ..... 42 percent or greater blocking

Approximately 85-90 percent of patients with myasthenia gravis (MG) express antibodies to the acetylcholine receptor (AChR), which can be divided into binding,

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

Test Information

i2: Acetylcholine Blocking Antibody

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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i3: MuSK Ab IgG CBA IFA Screen, Serum

INTERPRETIVE INFORMATION: MuSK IgG Ab CBA, Serum, with Rflx

Muscle-specific kinase (MuSK) antibody is found in a subset of patients with myasthenia gravis, primarily those seronegative for muscle acetylcholine receptor (AChR) antibody. 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 myasthenia gravis.

This indirect fluorescent antibody cell-based assay (CBA) utilizes muscle-specific kinase (MuSK) transfected cells for the detection of the MuSK IgG antibody.

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i4: MuSK Ab IgG CBA IFA Titer, Serum

INTERPRETIVE INFORMATION: MuSK IgG Ab Titer, Serum

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