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Patient Report

Patient Age/Gender: Unknown

Specimen Collected: 14-Sep-21 13:45

Autoimmune Neurologic Disease Rflx Pan | **Received: 14-Sep-21 13:45** | **Report/Verified: 14-Sep-21 13:58**

Procedure	Result	Units	Reference Interval
Neuronal Antibody (Amphiphysin)	**Positive** * i1		Negative
Purkinje Cell/Neuronal Nuclear IgG Scrn	**PCCA Detected** * f1 i2		None Detected
N-methyl-D-Aspartate Receptor Ab,Serum	**1:20** * 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
Acetylcholine Binding Antibody	**1.0** H i13	nmol/L	0.0-0.4
P/Q-Type Calcium Channel Antibody	**35.0** H i14	pmol/L	0.0-24.5
Voltage-Gated Potassium Channel Ab, Ser	**35** H i15	pmol/L	0-31
Ganglionic Acetylcholine Receptor Ab	**15.0** H i16	pmol/L	0.0-8.4
Glutamic Acid Decarboxylase Antibody	**10.0** H i17	IU/mL	0.0-5.0

Neuronal Nuclear Ab IgG, Immunoblot, Ser | **Received: 14-Sep-21 13:45** | **Report/Verified: 14-Sep-21 13:58**

Procedure	Result	Units	Reference Interval
Neuronal Nuclear Ab (Hu) IgG,IB,Serum	**Positive** * i18		Negative

*=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: 14-Sep-21 13:45** | **Report/Verified: 14-Sep-21 13:58**

Procedure	Result	Units	Reference Interval
Neuronal Nuclear Ab (Ri) IgG,IB,Serum	**Positive** * i19		Negative
Neuronal Nuclear Ab (Yo) IgG,IB,Serum	**Positive** * i20		Negative
Neuronal Nuclear Ab (TR/DNER) IgG,IB	**Positive** * i21		Negative

Purkinje Cell Ab Titer, IgG | **Received: 14-Sep-21 13:45** | **Report/Verified: 14-Sep-21 13:58**

Procedure	Result	Units	Reference Interval
Purkinje Cell Antibody Titer IgG	**1:40** * i22		<1:10

AMPA Receptor IgG Ab Serum, Titer | **Received: 14-Sep-21 13:45** | **Report/Verified: 14-Sep-21 13:58**

Procedure	Result	Units	Reference Interval
AMPA Receptor Ab IgG Titer,Serum	**1:40** * i23		<1:10

Neuromyelitis Optica/AQP4-IgG Titer Ser | **Received: 14-Sep-21 13:45** | **Report/Verified: 14-Sep-21 13:58**

Procedure	Result	Units	Reference Interval
Neuromyelitis Optica/ AQP4-IgG Titer Ser	**1:40** * i24		<1:10

CASPR2 Ab Titer IgG by IFA, Serum | **Received: 14-Sep-21 13:45** | **Report/Verified: 14-Sep-21 13:58**

Procedure	Result	Units	Reference Interval
CASPR2 Ab IgG Titer by IFA,Serum	**1:40** * i25		<1:10

CV2.1 Antibody Titer, IgG | **Received: 14-Sep-21 13:45** | **Report/Verified: 14-Sep-21 13:58**

Procedure	Result	Units	Reference Interval
CV2.1 Antibody IgG Titer by IFA	**1:40** * i26		<1:10

DPPX IgG Ab Titer, Serum | **Received: 14-Sep-21 13:45** | **Report/Verified: 14-Sep-21 13:58**

Procedure	Result	Units	Reference Interval
DPPX Ab IgG CBA IFA Titer,Serum	**1:40** *		<1:10

GABA-B Receptor IgG Ab Serum, Titer | **Received: 14-Sep-21 13:45** | **Report/Verified: 14-Sep-21 13:58**

Procedure	Result	Units	Reference Interval
GABA-B Receptor Ab IgG Titer,Serum	**1:80** * i27		<1:10

LGI1 Ab Titer IgG by IFA, Serum | **Received: 14-Sep-21 13:45** | **Report/Verified: 14-Sep-21 13:58**

Procedure	Result	Units	Reference Interval
LGI1 Ab IgG Titer by IFA,Serum	**1:40** * i28		<1:10

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MOG IgG Antibody Serum, Titer |**Received: 14-Sep-21 13:45** **Report/Verified: 14-Sep-21 13:58**

Procedure	Result	Units	Reference Interval
MOG Antibody IgG Titer,Serum	**1:20** * i29		<1:10

Interpretive Text

t1: 14-Sep-21 13:45 (CASPR2 Ab IgG Screen by IFA, Serum)
CASPR2 Antibody, IgG is detected. Titer results to follow.
t2: 14-Sep-21 13:45 (LGI1 Ab IgG Screen by IFA, Serum)
LGI1 Antibody, IgG is detected. Titer results to follow.
t3: 14-Sep-21 13:45 (Neuromyelitis Optica/AQP4-IgG, Serum)
Aquaporin-4 Receptor Antibody, IgG is detected. Titer results to follow.
t4: 14-Sep-21 13:45 (CV2.1 Antibody IgG Screen by IFA)
CV2.1 Antibody, IgG is detected. Titer results to follow. Additional charges apply.
t5: 14-Sep-21 13:45 (AMPA Receptor Ab IgG Screen, Serum)
AMPAR Antibody, IgG is detected. Titer results to follow.
t6: 14-Sep-21 13:45 (GABA-B Receptor Ab IgG Screen, Serum)
GABA-BR Antibody, IgG is detected. Titer results to follow.
t7: 14-Sep-21 13:45 (MOG Antibody IgG Screen, Serum)
MOG Antibody, IgG is detected. Titer results to follow.
t8: 14-Sep-21 13:45 (DPPX Ab IgG CBA IFA Screen, Serum)
DPPX 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.

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

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

Test Information

i2: Purkinje Cell/Neuronal Nuclear IgG Scrn
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 w/Reflex to Titer, 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 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 w/Reflex to Titer, 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

Test Information

i5: LGI1 Ab IgG Screen by IFA, Serum

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 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.

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-isoxazolepropionic 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

Test Information

i8: AMPA Receptor Ab IgG Screen, Serum

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.

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.

Test Information

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.

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: 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.

Test Information

i13: Acetylcholine Binding 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.

i14: 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.

i15: 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.

i16: 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

Test Information

i16: Ganglionic Acetylcholine Receptor Ab

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: 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.

i18: 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

i19: 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

i20: 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

i21: Neuronal Nuclear Ab (TR/DNER) IgG, IB

INTERPRETIVE INFORMATION: Neuronal Nuclear Ab (TR/DNER) IgG, IB

Test Information

i21: Neuronal Nuclear Ab (TR/DNER) IgG, IB
Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement D: aruplab.com/CS

i22: Purkinje Cell Antibody Titer IgG
INTERPRETIVE INFORMATION: Purkinje Cell Ab 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 Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

i23: 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.

i24: 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.

i25: 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.

i26: 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.

i27: 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

Test Information

i27: GABA-B Receptor Ab IgG Titer, Serum
Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

i28: 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.

i29: 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.