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**PATIENT REPORT**

Patient Age/Sex: Unknown

**Specimen Collected: 11-Sep-23 08:49**

**Autoimmune Vision Loss Panel, Serum** | **Received: 11-Sep-23 08:51** **Report/Verified: 11-Sep-23 08:54**

| Procedure | Result | Units | Reference Interval |
|---|---|---|---|
| CV2.1 Ab IgG CBA-IFA Screen, Serum | **Detected** * t1 i1 | | [<1:10] |
| Recoverin Ab,IgG by Immunoblot, Serum | **Positive** * f1 | | [Negative] |

**CV2.1 Ab IgG Titer by CBA-IFA, Ser** | **Received: 11-Sep-23 08:51** **Report/Verified: 11-Sep-23 08:54**

| Procedure | Result | Units | Reference Interval |
|---|---|---|---|
| CV2.1 Ab IgG CBA-IFA Titer,Serum | **1:320** * i2 | | [<1:10] |

## Interpretive Text

t1: 11-Sep-23 08:49 (CV2.1 Ab IgG CBA-IFA Screen, Serum)
CV2.1 Antibody, IgG is detected. Titer results to follow. Additional charges apply.

## Result Footnote

f1: Recoverin Ab, IgG by Immunoblot, Serum

INTERPRETIVE INFORMATION: Recoverin Ab, IgG by Immunoblot, Serum
Antibodies to recoverin and CV2.1/CRMP5 have been associated with paraneoplastic vision loss. Symptoms of vision loss may precede detection of cancer, and a positive test result should prompt a search for malignancy, most often small cell lung adenocarcinoma. A negative test result does not rule out the diagnosis of autoimmune vision loss. Results should be interpreted in the context of the patient's clinical history, neurologic and ophthalmologic exam, and other laboratory findings.

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.

## Test Information

i1: CV2.1 Ab IgG CBA-IFA Screen, Serum
INTERPRETIVE INFORMATION: CV2.1 Ab IgG CBA-IFA Screen, Serum

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. A negative test result does not rule out a diagnosis of autoimmune neurologic disease. Results should be interpreted in correlation with the patient's clinical history and other laboratory findings.

This indirect fluorescent antibody assay utilizes CV2.1 transfected cell lines for the detection and semiquantification of the CV2.1 IgG antibody.

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

## Test Information

i2: CV2.1 Ab IgG CBA-IFA Titer, Serum

INTERPRETIVE INFORMATION: CV2.1 Ab IgG CBA-IFA Titer, Serum

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