MAYO CLINIC
Mayo Medical Laboratories

Test Definition: PNEOE

Paraneoplastic Autoantibody Evaluation, Spinal Fluid

Reporting Title: Paraneoplas Autoantibody Eval,CSF
Performing Location: Rochester

Specimen Requirements:

Container/Tube: Sterile vial
Specimen Volume: 4 mL
Additional Information: Include name, phone number, mailing address, and e-mail address (if applicable) of ordering physician.
Forms: If not ordering electronically, submit a General Request Form (Supply T239) with the specimen.

Specimen Type	Temperature	Time
CSF	Refrigerated (preferred)	14 days
	Ambient	72 hours
	Frozen	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
3852	ANNA-1, CSF	Alphanumeric	titer	24400-4
7472	ANNA-2, CSF	Alphanumeric	titer	24401-2
21633	ANNA-3, CSF	Alphanumeric	titer	35144-5
89079	AGNA-1, CSF	Alphanumeric	titer	53714-2
3988	PCA-1, CSF	Alphanumeric	titer	14248-9
21632	PCA-2, CSF	Alphanumeric	titer	35143-7
21631	PCA-Tr, CSF	Alphanumeric	titer	51748-2
5906	Amphiphysin Ab, CSF	Alphanumeric	titer	35142-9
21650	CRMP-5-IgG, CSF	Alphanumeric	titer	35385-4

Components:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
ANN1C	Anti-Neuronal Nuclear Ab, Type 1	1	86256	Yes	No

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
ANN2C	Anti-Neuronal Nuclear Ab, Type 2	1	86256	Yes	No
ANN3C	Anti-Neuronal Nuclear Ab, Type 3	1	86256	Yes	No
AGN1C	Anti-Glial Nuclear Ab, Type 1	1	86256	Yes	No
PCA1C	Purkinje Cell Cytoplasmic Ab Type 1	1	86256	Yes	No
PCA2C	Purkinje Cell Cytoplasmic Ab Type 2	1	86256	Yes	No
PCTRC	Purkinje Cell Cytoplasmc Ab Type Tr	1	86256	Yes	No
AMPHC	Amphiphysin Ab, CSF	1	86256	Yes	No
CRMC	CRMP-5-IgG, CSF	1	86256	Yes	No

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
WBNC	Paraneoplas Autoantibody WBlot,CSF	1	84182	No	No
CRMWC	CRMP-5-IgG Western Blot, CSF	1	84182	No	No
GD65C	GAD65 Ab Assay, CSF	1	86341	No	Yes
ABLTC	Amphiphysin Western Blot, CSF	1	84182	No	No
NMOCC	NMO/AQP4-IgG CBA, CSF	1	86255	No	Yes

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
WBNC	21764	Paraneoplas Autoantibody WBlot,CSF	Alphanumeric		53715-9
CRMWC	21747	CRMP-5-IgG Western Blot, CSF	Alphanumeric		53707-6
GD65C	21702	GAD65 Ab Assay, CSF	Numeric	nmol/L	53708-4
ABLTC	89380	Amphiphysin Western Blot, CSF	Alphanumeric		57750-2
NMOCC	61716	NMO/AQP4-IgG CBA, CSF	Alphanumeric		In Process

Reference Values:

ANTINEURONAL NUCLEAR ANTIBODY-Type 1 (ANNA-1)
Negative at <1:2

ANTINEURONAL NUCLEAR ANTIBODY-Type 2 (ANNA-2)
Negative at <1:2

ANTINEURONAL NUCLEAR ANTIBODY-Type 3 (ANNA-3)
Negative at <1:2

ANTI-GLIAL/NEURONAL NUCLEAR ANTIBODY, Type 1 (AGNA-1)
Negative at <1:2

PURKINJE CELL CYTOPLASMIC ANTIBODY, Type 1 (PCA-1)
Negative at <1:2

PURKINJE CELL CYTOPLASMIC ANTIBODY, Type 2 (PCA-2)
Negative at <1:2

PURKINJE CELL CYTOPLASMIC ANTIBODY, Type Tr (PCA-Tr)
Negative at <1:2

AMPHIPHYSIN ANTIBODY
Negative at <1:2

CRMP-5-IgG
Negative at <1:2
Note: Titers lower than 1:2 are detectable by recombinant CRMP-5 Western blot analysis. CRMP-5 Western blot analysis will be done on request on stored spinal fluid (held 4 weeks). This supplemental testing is recommended in cases of chorea, vision loss, cranial neuropathy, and myelopathy. Call the Neuroimmunology Laboratory at 800-533-1710 or 507-266-5700 to request CRMP-5 Western blot.

Neuron-restricted patterns of IgG staining that do not fulfill criteria for the listed autoantibodies may be reported as "unclassified antineuronal IgG." If detected, newly identified autoantibody specificities may be reported. Complex patterns that include non-neuronal elements may be reported as "uninterpretable."

NEUROMYELITIS OPTICA (NMO)/AQUAPORIN-4-IgG CELL-BINDING ASSAY
Negative