Test Definition: AGIDE

Autoimmune Gastrointestinal Dysmotility Evaluation, Serum

Reporting Title: Autoimmune GI Dysmotility Eval, S
Performing Location: Rochester

Specimen Requirements:

Container/Tube:
Preferred: Red top
Acceptable: Serum gel
Specimen Volume: 4 mL
Additional Information: Include relevant clinical information, name, phone number, mailing address, and e-mail address (if applicable) of ordering physician.
Forms: New York Clients-Informed consent is required. Please document on the request form or electronic order that a copy is on file. An Informed Consent for Genetic Testing (Supply T576) is available in Special Instructions.

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

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
29347	Interpretive Comments	Alphanumeric		69048-7
80150	ANNA-1, S	Alphanumeric	titer	13997-2
8746	Striational (Striated Muscle) Ab, S **Also used by tests: STR**	Alphanumeric	titer	8097-8
81184	N-Type Calcium Channel Ab	Numeric	nmol/L	33979-6
8338	ACh Receptor (Muscle) Binding Ab **Also used by tests: ARBI**	Numeric	nmol/L	11034-6
84321	AChR Ganglionic Neuronal Ab, S	Numeric	nmol/L	42233-7
89165	Neuronal (V-G) K+ Channel Ab, S	Numeric	nmol/L	41871-5
81596	GAD65 Ab Assay, S **Also used by tests: GD65S**	Numeric	nmol/L	30347-9

Components:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
PAINT	Interpretive Comments			Yes	No
ANN1S	Anti-Neuronal Nuclear Ab, Type 1	1	86256	Yes	No
STR	Striational (Striated Muscle) Ab, S	1	83520	Yes	Yes
CCN	N-Type Calcium Channel Ab	1	83519	Yes	No
ARBI	ACh Receptor (Muscle) Binding Ab	1	83519	Yes	Yes
GANG	AChR Ganglionic Neuronal Ab, S	1	83519	Yes	No
VGKC	Neuronal (V-G) K+ Channel Ab, S	1	83519	Yes	No
GD65S	GAD65 Ab Assay, S	1	86341	Yes	Yes

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
WBN	Paraneoplastic Autoantibody WBlot,S	1	84182	No	No
CRMWS	CRMP-5-IgG Western Blot, S	1	84182	No	No
ARMO	ACh Receptor (Muscle) Modulating Ab	1	83519	No	No
ABLOT	Amphiphysin Western Blot, S	1	84182	No	No
NMOCS	NMO/AQP4-IgG CBA, S	1	86255	No	Yes

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
WBN	83108	Paraneoplastic Autoantibody WBlot,S	Alphanumeric		34142-0
CRMWS	83107	CRMP-5-IgG Western Blot, S	Alphanumeric		47401-5
ARMO	8879	ACh Receptor (Muscle) Modulating Ab	Numeric	%	30192-9
ABLOT	89381	Amphiphysin Western Blot, S	Alphanumeric		33422-7
NMOCS	61715	NMO/AQP4-IgG CBA, S	Alphanumeric		In Process

Reference Values:

ANTINEURONAL NUCLEAR ANTIBODY-TYPE 1 (ANNA-1)
<1:240
Neuron-restricted patterns of IgG staining that do not fulfill criteria for ANNA-1 may be reported as unclassified antineuronal IgG. Complex patterns that include non-neuronal elements may be reported as uninterpretable.

STRIATIONAL (STRIATED MUSCLE) ANTIBODIES
<1:60

GLUTAMIC ACID DECARBOXYLASE (GAD65) ANTIBODY ASSAY
< or =0.02 nmol/L

GANGLIONIC ACETYLCHOLINE RECEPTOR (ALPHA3) AUTOANTIBODY
< or =0.02 nmol/L

NEURONAL VOLTAGE-GATED POTASSIUM CHANNEL (VGKC) AUTOANTIBODY
< or =0.02 nmol/L

N-TYPE CALCIUM CHANNEL ANTIBODY
< or =0.03 nmol/L

ACETYLCHOLINE RECEPTOR (MUSCLE AChR) BINDING ANTIBODY
< or =0.02 nmol/L

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