MAYO CLINIC
Mayo Medical Laboratories

NEW TEST ANNOUNCEMENT
NOTIFICATION DATE: June 8, 2010
EFFECTIVE DATE: July 6, 2010

AUTOIMMUNE GASTROINTESTINAL DYSMOTILITY EVALUATION, SERUM #89886

USEFUL FOR:

- Investigating unexplained weight loss, early satiety, anorexia, nausea, vomiting, constipation or diarrhea in a patient with past or family history of cancer or autoimmunity
- Directing a focused search for cancer
- Differentiating autoimmune GI Dysmotility from effects of chemotherapy
- Investigating gastrointestinal symptoms not explainable by recurrent cancer, metastasis, or chemotherapy
- Detecting early evidence of cancer recurrence in previously seropositive patients who have a rising titer of 1 or more autoantibodies

METHODOLOGY: An evaluation utilizing Indirect Immunofluorescence assay (IFA), Enzyme Immunoassay (EIA), Radioimmunoassay (RIA), and Western Blot assays.

Profile Information:

Unit Code	Reporting Name	Available Separately	Always Performed
29347	Interpretive Comments	No	Yes
83381	Anti-Neuronal Nuclear Ab, Type 1	No	Yes
8746	Striational (Striated Muscle) Ab, S	Yes	Yes
81184	N-Type Calcium Channel Ab	No	Yes
8338	ACh Receptor (Muscle) Binding Ab	Yes	Yes
84321	AChR Ganglionic Neuronal Ab, S	No	Yes
89165	Neuronal (V-G) K+ Channel Ab, S	No	Yes
81596	GAD65 Ab Assay, S	Yes	Yes

Reflex Tests:

Unit Code	Reporting Name	Available Separately	Always Performed
83108	Paraneoplastic Autoantibody WBlot, S	No	No
83378	ACh Receptor (Muscle) Modulating Ab	No	No
83107	CRMP-5-IgG Western Blot, S	No	No
89381	Amphiphysin Western Blot, S	No	No

SPECIMEN REQUIREMENTS:
Draw blood in a plain, red-top tube(s) or a serum gel tube(s). Spin down and send 4 mL of serum refrigerated.
NOTE: Include relevant clinical information, name, phone number, mailing address, and e-mail address (if applicable) of ordering physician.

CAUTIONS: Negative results do not exclude autoimmune GI Dysmotility or cancer.

LIST FEE: $1200.00
The following test(s) may be added per the testing algorithm:
$213.70 "Paraneoplastic Autoantibody, Western Blot Confirmation, Serum"
$247.70 "Acetylcholine Receptor (Muscle AChR) Modulating Antibodies, Serum"
$222.40 “Amphiphysin Antibody Western Blot, Serum”
$235.20 "CRMP-5-IgG Western Blot, Serum"

REFERENCE VALUES: An interpretation of autoantibody profile is given.

NEURONAL NUCLEAR AUTOANTIBODIES	
Antineuronal Nuclear Antibody-Type 1	<1:240
NEURONAL AND MUSCLE CYTOPLASMIC ANTIBODIES	
Striational (Striated Muscle) Antibodies	<1:60
GAD65 Antibody	< or =0.02 nmol/L
CATION CHANNEL ANTIBODIES	
AChR Ganglionic Neuronal Antibody	< or =0.02 nmol/L
Voltage-gated Potassium Channel Antibody	< or =0.02 nmol/L
Voltage-gated Calcium Channel Antibody, N-Type	< or =0.03 nmol/L
AChR Muscle Binding Antibody	< or =0.02 nmol/L

CPT CODE:
83519-59/ACh receptor (muscle) binding antibody
83519-59/AChR ganglionic neuronal antibody
83519-59/Neuronal VGKC autoantibody
83519-59/N-type calcium channel antibody
83520/Striational (striated muscle) antibodies
86256/ANNA-1
86341/GAD65 antibody assay
83519-59/ ACh receptor (muscle) modulating antibodies (if appropriate)
84182/Paraneoplastic autoantibody Western Blot (if appropriate)
84182/CRMP-5-IgG Western Blot (if appropriate)
84182/Amphiphysin Western Blot (if appropriate)

ANALYTIC TIME: 7 days, 10 Maximum **DAY(S) SET-UP:** Monday through Friday

QUESTIONS: Contact your Mayo Medical Laboratories' Regional Manager or
Steven Monson, MML Laboratory Technologist Resource Coordinator
Telephone: 800-533-1710