

**Reporting Title:** MG Evaluation, Adult

**Performing Location:** Rochester

**Specimen Requirements:**

Container/Tube:

Preferred: Red top

Acceptable: Serum gel

Specimen Volume: 3 mL

Additional Information: Patient should have no general anesthetic or muscle-relaxant drugs in the previous 24 hours.

Forms: If not ordering electronically, submit a General Request Form (Supply T239) with the specimen.

Specimen Type	Temperature	Time
Serum	Refrigerated (preferred)	28 days
	Frozen	28 days
	Ambient	72 hours

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
8338	ACh Receptor (Muscle) Binding Ab <b>Also used by tests: ARBI</b>	Numeric	nmol/L	11034-6
8879	ACh Receptor (Muscle) Modulating Ab	Numeric	%	30192-9
8746	Striational (Striated Muscle) Ab, S <b>Also used by tests: STR</b>	Alphanumeric	titer	8097-8

**Components:**

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
ARBI	ACh Receptor (Muscle) Binding Ab	1	83519	Yes	Yes
ARMO	ACh Receptor (Muscle) Modulating Ab	1	83519	Yes	No
STR	Striational (Striated Muscle) Ab, S	1	83520	Yes	Yes

**Reflex Tests:**

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
GD65S	GAD65 Ab Assay, S	1	86341	No	Yes
CRMWS	CRMP-5-IgG Western Blot, S	1	84182	No	No
GANG	AChR Ganglionic Neuronal Ab, S	1	83519	No	No
VGKC	Neuronal (V-G) K+ Channel Ab, S	1	83519	No	No

**Result Codes for Reflex Tests:**

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
GD65S	81596	GAD65 Ab Assay, S	Numeric	nmol/L	30347-9
CRMWS	83107	CRMP-5-IgG Western Blot, S	Alphanumeric		47401-5
GANG	84321	AChR Ganglionic Neuronal Ab, S	Numeric	nmol/L	42233-7
VGKC	89165	Neuronal (V-G) K+ Channel Ab, S	Numeric	nmol/L	41871-5

**Reference Values:**

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

ACh RECEPTOR (MUSCLE) MODULATING ANTIBODIES  
0-20% (reported as \_\_% loss of AChR)

STRIATIONAL (STRIATED MUSCLE) ANTIBODIES  
<1:120