

## **Laboratory Service Report**

## 1-800-533-1710

| Patient Name<br>TESTINGRNV,DEMEC L | Patient ID<br>SA00067623                    | <b>Age</b> 47       | Gender<br>F | Order #<br>SA00067623    |
|------------------------------------|---|---------------------|-------------|--------------------------|
| Ordering Phys<br>CLIENT, CLIENT    |   | ·                   |             | <b>DOB</b><br>06/22/1966 |
| Client Order #<br>SA00067623       | Account Information                         | Account Information |             | Report Notes             |
| <b>Collected</b> 05/21/2014 13:00  | C7028846-DLMP Roch<br>SDSC 2 - Client Suppo |                     |             |                          |
| <b>Printed</b> 05/30/2014 14:09    | Rochester, MN 55901                         |                     |             |                          |

|  |                                 |        | Reference        | Perform |
|--|---------------------------------|--------|------------------|---------|
| Test   | Flag Results                    | Unit   | Value            | Site*   |
| Dementia-Autoimmune Evaluation, CSF                          |                                 |        |                  |         |
| Dementia, Interpretation, CSF                                |                                 |        |                  | MCR     |
| No informative autoantibodie                                 | es were detected in this        |        |                  |         |
| evaluation. However, a negat                                 | tive result does not exclude    |        |                  |         |
| autoimmune dementia, idiopat                                 | thic or paraneoplastic.         |        |                  |         |
| Sensitivity is enhanced by t                                 | testing both serum and spinal   |        |                  |         |
| fluid.   |                                 |        |                  |         |
| NMDA-R Ab CBA, CSF   | Negative                        |        | Negative         | MCR     |
| VGKC-complex Ab IPA, CSF                                     | 0.01                            | nmol/L | 0.00-0.02        | MCR     |
| GAD65 Ab Assay, CSF  | 0.01                            | nmol/L | <= 0.02          | MCR     |
| GABA-B-R Ab CBA, CSF   | Negative                        |        | Negative         | MCR     |
| AMPA-R Ab CBA, CSF   | Negative                        |        | Negative         | MCR     |
| Anti-Neuronal Nuclear Ab, Type 1                             |                                 |        |                  |         |
| ANNA-1, CSF  | Negative                        | titer  | Negative at <1:2 |         |
| Reflex Added   | None.                           |        |                  | MCR     |
| Anti-Neuronal Nuclear Ab, Type 2                             |                                 |        |                  |         |
| ANNA-2, CSF  | Negative                        | titer  | Negative at <1:2 | MCR     |
| Anti-Neuronal Nuclear Ab, Type 3                             |                                 |        |                  |         |
| ANNA-3, CSF  | Negative                        | titer  | Negative at <1:2 | MCR     |
| Anti-Glial Nuclear Ab, Type 1                                |                                 |        |                  |         |
| AGNA-1, CSF  | Negative                        | titer  | Negative at <1:2 | MCR     |
| Purkinje Cell Cytoplasmic Ab Type                            |                                 |        |                  |         |
| PCA-2, CSF   | Negative                        | titer  | Negative at <1:2 | MCR     |
| Purkinje Cell Cytoplasmc Ab Type                             |                                 |        |                  |         |
| PCA-Tr, CSF  | Negative                        | titer  | Negative at <1:2 |         |
| Amphiphysin Ab, CSF  | Negative                        | titer  | Negative at <1:2 |         |
| CRMP-5-IgG, CSF  | Negative                        | titer  | <1:2             | MCR     |
| CRMP-5 titers lower than 1:2                                 |                                 |        |                  |         |
| recombinant CRMP-5 western k                                 | <u> </u>                        |        |                  |         |
|  | uid and recommended in cases of |        |                  |         |
|  | l neuropathy and myelopathy.    |        |                  |         |
| Extramural clients contact N<br>1-800-533-1710 to add-on CRN |                                 |        |                  |         |
|  | call the Neuroimmunology Lab at |        |                  |         |
| 4-2335.  | carr the Neurornmunorogy Lab at |        |                  |         |
| 4-2333.  |                                 |        |                  |         |
| <b>RECEIVED:</b> 05/22/2014 13:13 <b>REPO</b>                | ORTED: 05/22/2014 13:55         |        |                  |         |
| NUCLIVED. 03/22/2017 13.13 REF                               | OKIDD. 03/22/2014 13.33         |        |                  |         |

## \* Performing Site:

| MCR | Mayo Clinic Laboratories - Rochester Main Campus<br>200 First St SW Rochester, MN 55905 | Lab Director: |  |
|-----|---|---------------|--|

| Patient Name TESTINGRNV,DEMEC L | <b>Collection Date and Time</b> 05/21/2014 13:00 | Report Status<br>Final |
|---------------------------------|--|------------------------|
| Page 1 of 1                     | ** Reprinted **                                  | ** End of Report **    |

<sup>\*</sup> Report times for Mayo performed tests are CST/CDT