

<b>Patient Name</b> TESTINGRNV,PAVAL L	<b>Patient ID</b> SA00067364	<b>Age</b> 47	<b>Gender</b> F	<b>Order #</b> SA00067364
<b>Ordering Phys</b> CLIENT,CLIENT				<b>DOB</b> 06/22/1966
<b>Client Order #</b> SA00067364	<b>Account Information</b>			<b>Report Notes</b>
<b>Collected</b> 05/06/2014 13:00	C7028846-DLMP Rochester SDSC 2 - Client Support Rochester, MN 55901			
<b>Printed</b> 05/30/2014 15:20				

Test	Flag	Results	Unit	Reference Value	Perform Site*
<b>ACh Receptor (Muscle) Modulating Ab</b>		12	%		MCR
-- REFERENCE VALUE -- 0-20% (reported as _% loss of AChR)					
<b>RECEIVED:</b> 05/07/2014 10:54 <b>REPORTED:</b> 05/07/2014 11:11					

<b>CRMP-5-IgG Western Blot, S</b>		Negative		Negative	MCR
<b>RECEIVED:</b> 05/07/2014 10:54 <b>REPORTED:</b> 05/07/2014 11:11					

<b>Paraneoplastic Autoantibody Eval, S</b>					
Interpretive Comments					MCR
This antibody profile, in an appropriate clinical and electrophysiological context, is consistent with autoimmune myasthenia gravis.					
Anti-Neuronal Nuclear Ab, Type 1					
ANNA-1, S		Negative	titer	<1:240	MCR
Reflex Added		None			MCR
Anti-Neuronal Nuclear Ab, Type 2					
ANNA-2, S		Negative	titer	<1:240	MCR
Anti-Neuronal Nuclear Ab, Type 3					
ANNA-3, S		Negative	titer	<1:240	MCR
Anti-Glial Nuclear Ab, Type 1					
AGNA-1, S		Negative	titer	<1:240	MCR
Purkinje Cell Cytoplasmic Ab Type 1					
PCA-1, S		Negative	titer	<1:240	MCR
Purkinje Cell Cytoplasmic Ab Type 2					
PCA-2, S		Negative	titer	<1:240	MCR
Purkinje Cell Cytoplasmic Ab Type Tr					
PCA-Tr, S		Negative	titer	<1:240	MCR
Amphiphysin Ab, S		Negative	titer	<1:240	MCR
CRMP-5-IgG, S		Negative	titer		MCR
-- REFERENCE VALUE -- Negative at <1:240					
Titers lower than 1:240 may be detectable by recombinant CRMP-5 western blot analysis. CRMP-5 western blot analysis will be done by request on stored serum. This supplemental testing is recommended in cases of chorea,					

\*\*\*Performing Site Legend on Last Page of Report\*\*\*

<b>Patient Name</b> TESTINGRNV,PAVAL L	<b>Collection Date and Time</b> 05/06/2014 13:00	<b>Report Status</b> Final
Page 1 of 2		>> Continued on Next Page >>

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

<b>Patient Name</b> TESTINGRNV,PAVAL L	<b>Patient ID</b> SA00067364	<b>Age</b> 47	<b>Gender</b> F	<b>Order #</b> SA00067364
<b>Ordering Phys</b> CLIENT,CLIENT				<b>DOB</b> 06/22/1966
<b>Client Order #</b> SA00067364	<b>Account Information</b>			<b>Report Notes</b>
<b>Collected</b> 05/06/2014 13:00	C7028846-DLMP Rochester SDSC 2 - Client Support			
<b>Printed</b> 05/30/2014 15:20	Rochester, MN 55901			

Test	Flag	Results	Unit	Reference Value	Perform Site*
vision loss, cranial neuropathy and myelopathy. Extramural clients contact Mayo Laboratory Inquiry at 1-800-533-1710 to add-on CRMP-5-IgG Western Blot, Serum. Intramural Clients, please call the Neuroimmunology Lab at 4-2335.					
Striational (Striated Muscle) Ab, S		Negative	titer	<1:120	MCR
P/Q-Type Calcium Channel Ab		0.01	nmol/L	<=0.02	MCR
N-Type Calcium Channel Ab		0.01	nmol/L	<=0.03	MCR
ACh Receptor (Muscle) Binding Ab	H	1.23	nmol/L	<=0.02	MCR
CRMP-5-IgG Western Blot, S and ACh Receptor (Muscle) Modulating Ab were ordered by reflex.					
AChR Ganglionic Neuronal Ab, S		0.01	nmol/L	<=0.02	MCR
Neuronal (V-G) K+ Channel Ab, S		0.01	nmol/L	<=0.02	MCR

**RECEIVED:** 05/07/2014 10:54 **REPORTED:** 05/07/2014 11:39

\* Performing Site:

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

<b>Patient Name</b> TESTINGRNV,PAVAL L	<b>Collection Date and Time</b> 05/06/2014 13:00	<b>Report Status</b> Final
Page 2 of 2		** End of Report **

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