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The CPT Codes provided in this document are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payor being billed. Any Profile/panel component may be ordered separately. Reflex tests are performed at an additional charge.

Summary of Test Changes

| Test Name | Test Code(s) | Performing Site | Test Code | Test Name | Specimen Requirements | Shipping Temperature | Specimen Stability | Units of Measure | Reference Range | Methodology | CPT Codes | Reject Criteria | Other (see listing) |
|---|--------------|-----------------|-----------|-----------|-----------------------|----------------------|--------------------|------------------|-----------------|-------------|-----------|-----------------|---------------------|
| Drug Abuse Screen 7, Serum | 19767 | | | | | | x | | | | | | |
| Drug Abuse Panel-9, Serum | 19733 | | | | | | x | | | | | | |
| Somatostatin | 34480 | | x | | | | x | | x | | | | x |
| Celiac Disease Comprehensive Panel | 19955 | | x | | | | | | | | | | x |
| Endomysial Antibody Screen (IgA) with Reflex to Titer | 15064 | | x | | | | | | x | | | | x |
| Ganglioside Asialo-GM-1 Antibody (IgM), EIA | 38836 | | x | | | | | | | | | | x |
| Ganglioside GD1a Antibody (IgG), EIA | 38916 | | x | | | | | | | | | | x |
| Ganglioside GD1b Antibody (IgG), EIA | 39461 | | x | | | | | | | | | | x |
| Ganglioside GD1b Antibody (IgM), EIA | 37439 | | x | | | | | | | | | | x |
| Ganglioside Asialo-GM-1 Antibody (IgG), EIA | 39462 | | x | | | | | | | | | | x |
| Ganglioside GM-1 Antibodies (IgG and IgM), EIA | 37093 | | x | | | | | | | | | | x |
| Hu Antibody Screen with Reflex to Titer and Western Blot | 37053 | | x | | x | | | | | | | | x |
| Hu Antibody Screen with Reflex to Titer and Western Blot, CSF | 37710 | | x | | x | | | | | | | | x |
| Myelin-Associated Glycoprotein (MAG) Antibody (IgM), EIA | 37438 | | x | | | | | | x | | | | x |
| Myelin Assoc. Glycoprotein (MAG) Antibody w/Reflex | 10063 | | x | | | | | | | | | | x |
| Purkinje Cell (Yo) Antibody Screen with Reflex to Titer, IFA, Serum | 37360 | | x | | | | | | | | | | x |
| Ri Antibody Screen w/ Reflex to Titer and Western Blot | 10140 | | x | | | | | | | | | | x |
| Voltage-Gated Calcium Channel (VGCC) Antibody Assay | 34057 | | x | | | | | | x | | | | x |

New Test Offerings

The following tests will be available through DLO on the dates indicated below.

| Methicillin Resistant <i>Staphylococcus aureus</i> Culture Screen | |
|--|--|
| Clinical Significance: | The MRSA Culture Screen test detects colonization with Methicillin resistant <i>Staphylococcus aureus</i> (MRSA) in patients and can be used as a tool in infection prevention and control efforts. Early detection of this pathogen can accelerate the isolation process, thus minimizing the spread of infections. |
| Effective Date: | August 1, 2011 |
| Test Code: | 90417 |
| CPT Code(s): | 87081 |
| Specimen Requirements: | Swab of anterior nares. |
| Rejection Criteria: | Frozen specimens. Specimens submitted in formalin. Specimens submitted in viral transport media. Dry swabs. Expired Transport Media. Specimens greater than 48 hours old. Swabs from environmental sources. Swabs from wound specimens. Swabs from sources other than nares. |
| Transport Temperature: | Room temperature |
| Specimen Stability: | Room temperature: 48 hrs. Refrigerated: 48 hrs Frozen: Unacceptable |
| Reference Ranges: | No Methicillin Resistant <i>Staphylococcus aureus</i> (MRSA) isolated. |
| Methodology: | Manual Culture |
| Assay Category: | FDA approved/cleared |

| Syphilis Antibody Cascading Reflex | |
|---|--|
| Clinical Significance: | Identification of <i>Treponema pallidum</i> antibodies may aid in the diagnosis of syphilis. |
| Effective Date: | August 15, 2011 |
| Test Code: | 90349 |
| CPT Code(s): | 86780 |
| Specimen Requirements: | 3 mL serum |
| Transport Temperature: | Refrigerated |
| Specimen Stability: | Room temperature: 4 days Refrigerated: 7 days Frozen: 30 days |
| Reference Ranges: | Negative |
| Methodology: | Immunoassay |
| Assay Category: | FDA approved/cleared |
| Performing Site: | Focus Diagnostics, Inc. |
| Additional Information: | If the <i>T. pallidum</i> Ab is "Equivocal" or "Positive" it will reflex to RPR Screen with Reflex to Titer performed at an additional charge (add CPT code 86592). If the RPR Screen is "Reactive" the titer is performed at an additional charge (add CPT code 86593). If the RPR screen results in "Nonreactive" it will reflex to <i>T. pallidum</i> Antibody, Particle Agglutination for an additional charge (add CPT code 86780). |

| Autoimmune Cerebellar Ataxia Panel | | | |
|---|---|--|--|
| <i>Includes: Yo Antibody, IFA, Serum * Yo Antibody Western Blot, Serum * Yo Antibody Titer, Serum * Voltage-Gated Calcium Channel (VGCC) Antibody Assay * Tissue Transglutaminase Antibody (IgA) * Endomysial Antibody Screen (IgA) * Endomysial Ab Titer * IgA, Serum * Tissue Transglutaminase Antibody (IgG)</i> | | | |
| Clinical Significance: | Cerebellar ataxia may occur as a result of autoantibodies to cerebellar targets. These may include antibodies to the Purkinje cell antigen Yo, the voltage gated calcium channel (VGCC) or tissue transglutaminase (tTG). Gluten ataxia is associated with widespread tissue transglutaminase (tTG) IgA deposition around vessels in the cerebellum, pons, and medulla. | | |
| Effective Date: | August 22, 2011 | | |
| Test Code: | 90133 | | |
| CPT Code(s): | 86255, 83519, 83516, 82784 | | |
| Specimen Requirements: | 3 mL serum | | |
| Rejection Criteria: | Gross lipemia, Gross hemolysis, microbially contaminated serum, specimens containing visible particles, and heat inactivated samples | | |
| Transport Temperature: | Refrigerated | | |
| Specimen Stability: | Room temperature: 8 hours Refrigerated: 7 days Frozen: 21 days | | |
| Reference Ranges: | Yo Ab, IFA, Serum: | Negative | |
| | Yo Ab, Western Blot, Serum: | Negative | |
| | Yo Ab Titer, Serum: | < 1:40 | titer |
| | VGCC Antibody Assay: | < 23000 | fmol/L |
| | (tTG) Ab, IgA: | Negative: <5 Equivocal: 5-8 Positive: >8 | U/mL U/mL U/mL |
| | Endomysial Ab IgA: | Negative | |
| | Endomysial Ab Titer: | <1:5 | |
| | IgA, Serum: | Cord Blood: 1-3 1 Month: 2-43 2-5 Months: 3-66 6-9 Months: 7-66 10-12 Months: 12-75 1-3 Years: 24-121 4-6 Years: 33-235 7-9 Years: 41-368 10-11 Years: 64-246 12-13 Years: 70-432 14-15 Years: 57-300 ≥16 Years: 81-463 | mg/dL mg/dL mg/dL mg/dL mg/dL mg/dL mg/dL mg/dL mg/dL mg/dL mg/dL mg/dL |
| | (tTG) Ab, IgG: | Negative: <7 Equivocal: 7-10 Positive: >10 | U/mL U/mL U/mL |
| | Methodology: | Immunofluorescence Assay, Radiobinding Assay, Immunoassay | |
| Assay Category: | Research Use Only | | |
| Performing Site: | Quest Diagnostics Nichols Institute, San Juan Capistrano | | |

| | |
|-------------------------|--|
| Additional Information: | <p>If the Yo Ab, IFA, Serum result is positive, then Yo Ab, Western Blot, Serum will be performed at an additional charge (CPT code(s): 84181).</p> <p>If the Yo Ab, Western Blot, Serum result is positive, then Yo Ab Titer, Serum will be performed at an additional charge (CPT code(s): 86256).</p> <p>If the tTG (IgA) result is positive (>8), then Endomysial Ab will be performed at an additional charge (CPT code(s): 86255).</p> <p>If Endomysial Antibody Screen (IgA) result is Positive, then the Endomysial Ab Titer will be performed at an additional charge (CPT code(s): 86256)</p> <p>If IgA, Serum result is abnormal, then tTG (IgG) will be performed at an additional charge (CPT code(s): 83516).</p> |
|-------------------------|--|

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|---|---|--------------|-----------------------|------------------|--------------|-----------------------|------------------|--------------|----------------|------------------------|--|-----------------------------|---------------------|--|-------------------------|--------------------------|--|-----------------------|------------------|--------------|-----------------------|------------------|--------------|------------------------------|------------------|--------------|------------------------------|-------------------------|--------------|
| Ganglioside Antibody Panel 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Includes: Ganglioside GM-1 Antibodies (IgG and IgM), EIA * Ganglioside GD1a Antibody (IgG), EIA * Ganglioside GD1a Antibody (IgM), EIA * Ganglioside Asialo-GM-1 Antibody (IgG), EIA * Ganglioside Asialo-GM-1 Antibody (IgM), EIA</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clinical Significance: | The presence of antibodies to the gangliosides GM1, Asialo-GM1, and GD1a has been associated with motor neuropathies. High titers of antibody to GM1 are most typical of multifocal motor neuropathy; however, antibodies to other gangliosides are often present. In most cases, anti-ganglioside antibodies are IgM class. IgG antibodies have been reported less often, generally associated with acute conditions. Many reports have found increased anti-asialo-GM1 antibody titers in patients with multifocal motor neuropathy, lower motor neuron disease, or motor neuropathy with or without multifocal block, Guillain-Barre syndrome, and amyotrophic lateral sclerosis. There may be a relationship between titers of asialo-GM1 antibodies and clinical status in individual patients. In some lower motor neuron disorders, improvement in strength has occurred after therapeutic reduction in anti-asialo-GM1 antibody titers. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Effective Date: | August 22, 2011 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Test Code: | 90131 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CPT Code(s): | 83520 (x6) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Specimen Requirements: | 2 mL serum | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rejection Criteria: | Received room temperature | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Transport Temperature: | Refrigerated | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Specimen Stability: | Room temperature: 24 hours Refrigerated: 7 days Frozen: 30 days | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reference Ranges: | <table border="1"> <tr> <td>GM-1 Ab (IgG):</td> <td><1:800</td> <td>titer</td> </tr> <tr> <td>GM-1 Ab (IgM):</td> <td><1:800</td> <td>titer</td> </tr> <tr> <td>Normal:</td> <td colspan="2">Less than 1:800</td> </tr> <tr> <td>Moderately Elevated:</td> <td colspan="2">1:800-1:3200</td> </tr> <tr> <td>Highly Elevated:</td> <td colspan="2">1:6400 or greater</td> </tr> <tr> <td>GD1a Ab (IgG):</td> <td><1:100</td> <td>titer</td> </tr> <tr> <td>GD1a Ab (IgM):</td> <td><1:800</td> <td>titer</td> </tr> <tr> <td>Asialo-GM-1 Ab (IgG):</td> <td><1:100</td> <td>titer</td> </tr> <tr> <td>Asialo-GM-1 Ab (IgM):</td> <td>< or = 1:1600</td> <td>titer</td> </tr> </table> | | GM-1 Ab (IgG): | <1:800 | titer | GM-1 Ab (IgM): | <1:800 | titer | Normal: | Less than 1:800 | | Moderately Elevated: | 1:800-1:3200 | | Highly Elevated: | 1:6400 or greater | | GD1a Ab (IgG): | <1:100 | titer | GD1a Ab (IgM): | <1:800 | titer | Asialo-GM-1 Ab (IgG): | <1:100 | titer | Asialo-GM-1 Ab (IgM): | < or = 1:1600 | titer |
| GM-1 Ab (IgG): | <1:800 | titer | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GM-1 Ab (IgM): | <1:800 | titer | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Normal: | Less than 1:800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Moderately Elevated: | 1:800-1:3200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Highly Elevated: | 1:6400 or greater | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GD1a Ab (IgG): | <1:100 | titer | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GD1a Ab (IgM): | <1:800 | titer | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Asialo-GM-1 Ab (IgG): | <1:100 | titer | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Asialo-GM-1 Ab (IgM): | < or = 1:1600 | titer | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Methodology: | Immunoassay | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Assay Category: | Laboratory Developed Test | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Performing Site: | Quest Diagnostics Nichols Institute, San Juan Capistrano | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Ganglioside GM-1 Antibody (IgG), EIA | | | | | | | |
|---|--|----------------|------------------|-----------------------------|---------------------|-------------------------|-------------------------|
| Clinical Significance: | Ganglioside GM-1 Antibody IgG is associated with the Guillain-Barre syndrome, particularly the acute motor axonal neuropathy variant. | | | | | | |
| Effective Date: | August 22, 2011 | | | | | | |
| Test Code: | 18951 | | | | | | |
| CPT Code(s): | 83520 | | | | | | |
| Specimen Requirements: | 1 mL serum Overnight fasting is preferred | | | | | | |
| Rejection Criteria: | Received room temperature | | | | | | |
| Transport Temperature: | Refrigerated | | | | | | |
| Specimen Stability: | Room temperature: 48 hours Refrigerated: 14 days Frozen: 30 days | | | | | | |
| Reference Ranges: | GM-1 Ab (IgG): <1:800 titer | | | | | | |
| | <table border="0"> <tr> <td>Normal:</td> <td><1:800</td> </tr> <tr> <td>Moderately Elevated:</td> <td>1:800-1:3200</td> </tr> <tr> <td>Highly Elevated:</td> <td>> or = 1:6400</td> </tr> </table> | Normal: | <1:800 | Moderately Elevated: | 1:800-1:3200 | Highly Elevated: | > or = 1:6400 |
| Normal: | <1:800 | | | | | | |
| Moderately Elevated: | 1:800-1:3200 | | | | | | |
| Highly Elevated: | > or = 1:6400 | | | | | | |
| Methodology: | Immunoassay | | | | | | |
| Assay Category: | Laboratory Developed Test | | | | | | |
| Performing Site: | Quest Diagnostics Nichols Institute, San Juan Capistrano | | | | | | |

| Hu, Yo, and Ri Antibodies with Reflex to Titers and Western Blot | | | |
|--|---|---|--|
| <i>Includes: Neuronal Nuclear Antibody (Hu) Screen, Serum * Neuronal Nuclear Antibody, Western Blot, Serum * Neuronal Nuclear Antibody Titer, Serum * Yo Antibody, IFA, Serum * Yo Antibody Western Blot, Serum * Yo Antibody Titer, Serum * Neuronal Nuclear Antibody Screen, Ri * Neuronal Nuclear Antibody, Ri, Western Blot * Neuronal Nuclear Antibody, Ri, Titer</i> | | | |
| Clinical Significance: | Hu anti-neuronal nuclear antibody (anti-Hu) is found in 5-10% of patients with small cell carcinoma of the lung. Purkinje cell (Yo) antibody is found in patients with paraneoplastic cerebellar degeneration and is associated with breast, ovarian, and other gynecologic cancers. Some patients with ovarian cancer have low titers of Yo antibodies in the absence of cerebellar degeneration. Anti-Hu antibodies are associated with paraneoplastic encephalomyelitis and sensory neuropathy. Anti-Ri antibody can be detected in patients with paraneoplastic opsoclonus/myoclonus syndrome. Neoplasms most often associated with anti-Ri include breast cancer, small cell lung cancer, and gynecological cancers. | | |
| Effective Date: | August 22, 2011 | | |
| Test Code: | 90138 | | |
| CPT Code(s): | 86255 (x3) | | |
| Specimen Requirements: | 1.5 mL serum Overnight fasting is preferred. | | |
| Transport Temperature: | Room temperature | | |
| Specimen Stability: | Room temperature: 7 days Refrigerated: 14 days Frozen: 21 days | | |
| Reference Ranges: | Hu Ab, IFA, Serum: Hu Ab, Western Blot, Serum: Hu Ab Titer, Serum: Yo Ab, IFA, Serum: Yo Ad, Western Blot, Serum: Yo Ab Titer, Serum: Neuronal Nuc AB (RI), IFA: Ri Ab, Western Blot: Ri Ab Titer: | NEGATIVE NEGATIVE <1:40 NEGATIVE NEGATIVE <1:40 NEGATIVE NEGATIVE <1:40 | titer titer titer |
| Methodology: | Immunofluorescence Assay | | |
| Assay Category: | ASR Class 1 | | |
| Performing Site: | Quest Diagnostics Nichols Institute, San Juan Capistrano | | |
| Additional Information: | <p>If the Hu Ab, IFA, Serum result is positive, then Hu Ab, Western Blot, Serum will be performed at an additional charge (CPT code(s): 84181).</p> <p>If the Hu Ab, Western Blot, Serum result is positive, then Hu Ab Titer, Serum will be performed at an additional charge (CPT code(s): 86256).</p> <p>If the Yo Ab, IFA, Serum result is positive, then Yo Ab, Western Blot, Serum will be performed at an additional charge (CPT code(s): 84181).</p> <p>If the Yo Ab, Western Blot, Serum result is positive, then Yo Ab Titer, Serum will be performed at an additional charge (CPT code(s): 86256)</p> <p>If the Ri Ab, IFA, Serum result is positive, then Ri Ab, Western Blot, Serum will be performed at an additional charge (CPT code(s): 84181)</p> <p>If the Ri Ab, Western Blot, Serum result is positive, then Ri Ab Titer, Serum will be performed at an additional charge (CPT code(s): 86256)</p> | | |

| | | | |
|--|---|---|--------------|
| Hu, Yo, Ri Antibodies with Reflex to Titers and Western Blot, CSF <i>Includes: Neuronal Nuclear Antibody (Hu) Screen, CSF * Neuronal Nuclear Antibody, Western Blot, CSF * Neuronal Nuclear Antibody Titer, CSF * Yo Antibody Screen, IFA, CSF * Yo Antibody Western Blot, CSF * Yo Antibody Titer, CSF * Ri Antibody Screen, IFA, CSF * Ri Ab, Western Blot, CSF * Ri Antibody Titer, CSF</i> | | | |
| Clinical Significance: | Hu anti-neuronal nuclear antibody (anti-Hu) is found in 5-10% of patients with small cell carcinoma of the lung. Purkinje cell (Yo) antibody is found in patients with paraneoplastic cerebellar degeneration and is associated with breast, ovarian, and other gynecologic cancers. Some patients with ovarian cancer have low titers of Yo antibodies in the absence of cerebellar degeneration. Anti-Hu antibodies are associated with paraneoplastic encephalomyelitis and sensory neuropathy. Anti-Ri antibody can be detected in patients with paraneoplastic opsoclonus/myoclonus syndrome. Neoplasms most often associated with anti-Ri include breast cancer, small cell lung cancer, and gynecological cancers. | | |
| Effective Date: | August 22, 2011 | | |
| Test Code: | 90122 | | |
| CPT Code(s): | 86255(x3) | | |
| Specimen Requirements: | 2.4 mL CSF in sterile screw cap container Overnight fasting is preferred. | | |
| Rejection Criteria: | Received room temperature | | |
| Transport Temperature: | Refrigerated | | |
| Specimen Stability: | Room temperature: 8 hours Refrigerated: 7 days Frozen: 6 months | | |
| Reference Ranges: | Hu Ab, IFA, CSF: | Negative | |
| | Hu Ab, Western Blot, CSF: | Negative | |
| | Hu Ab Titer, CSF: | No Hu antibodies detected in undiluted CSF samples | titer |
| | Yo Ab, IFA, CSF: | Negative | |
| | Yo Ab, Western Blot, CSF: | Negative | |
| | Yo Ab Titer, CSF: | No Yo antibodies detected in undiluted CSF sample | titer |
| | Ri Ab Screen, IFA, CSF: | Negative | |
| | Ri Ab, Western Blot, CSF: | Negative | |
| | Ri Ab, Titer, CSF: | No Ri Antibodies detected in undiluted CSF samples | titer |
| Methodology: | Immunofluorescence Assay | | |
| Assay Category: | ASR Class 1 | | |
| Performing Site: | Quest Diagnostics Nichols Institute, San Juan Capistrano | | |
| Additional Information: | If the Hu Ab, IFA, CSF result is positive, then Hu Ab, Western Blot, CSF will be performed at an additional charge (CPT code(s): 84181) If the Hu Ab, Western Blot, CSF result is positive, then Hu Ab Titer, CSF will be performed at an additional charge (CPT code(s): 86256) If the Yo Ab, IFA, CSF result is positive, then Yo Ab, Western Blot, CSF will be performed at an additional charge (CPT code(s): 84181) If the Yo Ab, Western Blot, CSF result is positive, then Yo Ab Titer, CSF will be performed at an additional charge (CPT code(s): 86256) If the Ri Ab, IFA, CSF result is positive, then Ri Ab, Western Blot, CSF will be performed at an additional charge (CPT code(s): 84181) If the Ri Ab, Western Blot, CSF result is positive, then Ri Ab Titer, CSF will be performed at an additional charge (CPT code(s): 86256) | | |

| Miller Fisher Syndrome, Cranial Neuropathy Antibody Panel (Ganglioside) <i>Includes: Ganglioside GM-1 Antibody (IgG), EIA * Ganglioside GD1a Antibody (IgG), EIA * Ganglioside GD1b Antibody (IgG), EIA * Ganglioside GQ1b Antibody (IgG), EIA</i> | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--------------|-----------------------|------------------|--------------|----------------|------------------|--|-----------------------------|---------------------|--|-------------------------|-------------------------|--|-----------------------|------------------|--------------|-----------------------|------------------|--------------|-----------------------|------------------------|--------------|
| Clinical Significance: | Ganglioside GM-1 IgG antibody is associated with acute inflammatory demyelinating polyneuropathy and acute motor axonal neuropathy. GD1a IgG antibody may also be associated with acute motor axonal neuropathy. GD1b IgG antibody may be associated with acute motor and sensory axonal neuropathy with cerebellar ataxia or ataxic presentations of Guillain-Barre syndrome. GQ1b IgG antibody is associated with the Miller-Fisher syndrome. | | | | | | | | | | | | | | | | | | | | | | |
| Effective Date: | August 22, 2011 | | | | | | | | | | | | | | | | | | | | | | |
| Test Code: | 90128 | | | | | | | | | | | | | | | | | | | | | | |
| CPT Code(s): | 83520 (x4) | | | | | | | | | | | | | | | | | | | | | | |
| Specimen Requirements: | 2 mL serum Overnight fasting is preferred | | | | | | | | | | | | | | | | | | | | | | |
| Rejection Criteria: | Received room temperature | | | | | | | | | | | | | | | | | | | | | | |
| Transport Temperature: | Refrigerated | | | | | | | | | | | | | | | | | | | | | | |
| Specimen Stability: | Room temperature: 24 hours Refrigerated: 7 days Frozen: 21 days | | | | | | | | | | | | | | | | | | | | | | |
| Reference Ranges: | <table border="1"> <tr> <td>GM-1 Ab (IgG):</td> <td><1:800</td> <td>titer</td> </tr> <tr> <td>Normal:</td> <td colspan="2"><1:800</td> </tr> <tr> <td>Moderately Elevated:</td> <td colspan="2">1:800-1:3200</td> </tr> <tr> <td>Highly Elevated:</td> <td colspan="2">> or = 1:6400</td> </tr> <tr> <td>GD1a Ab (IgG):</td> <td><1:100</td> <td>titer</td> </tr> <tr> <td>GD1b Ab (IgG):</td> <td><1:100</td> <td>titer</td> </tr> <tr> <td>GQ1b Ab (IgG):</td> <td>Less than 1:100</td> <td>titer</td> </tr> </table> | | GM-1 Ab (IgG): | <1:800 | titer | Normal: | <1:800 | | Moderately Elevated: | 1:800-1:3200 | | Highly Elevated: | > or = 1:6400 | | GD1a Ab (IgG): | <1:100 | titer | GD1b Ab (IgG): | <1:100 | titer | GQ1b Ab (IgG): | Less than 1:100 | titer |
| GM-1 Ab (IgG): | <1:800 | titer | | | | | | | | | | | | | | | | | | | | | |
| Normal: | <1:800 | | | | | | | | | | | | | | | | | | | | | | |
| Moderately Elevated: | 1:800-1:3200 | | | | | | | | | | | | | | | | | | | | | | |
| Highly Elevated: | > or = 1:6400 | | | | | | | | | | | | | | | | | | | | | | |
| GD1a Ab (IgG): | <1:100 | titer | | | | | | | | | | | | | | | | | | | | | |
| GD1b Ab (IgG): | <1:100 | titer | | | | | | | | | | | | | | | | | | | | | |
| GQ1b Ab (IgG): | Less than 1:100 | titer | | | | | | | | | | | | | | | | | | | | | |
| Methodology: | Immunoassay | | | | | | | | | | | | | | | | | | | | | | |
| Assay Category: | Laboratory Developed Test | | | | | | | | | | | | | | | | | | | | | | |
| Performing Site: | Quest Diagnostics Nichols Institute, San Juan Capistrano | | | | | | | | | | | | | | | | | | | | | | |

| Motor Neuropathy Complete Antibody Panel <i>Includes: Immunofixation, Serum * Immunoglobulin Profile, Serum * Ganglioside GM-1 Antibodies (IgG and IgM), EIA * Ganglioside GD1a Antibody (IgG), EIA * Ganglioside GD1a Antibody (IgM), EIA * Ganglioside Asialo-GM-1 Antibody (IgG), EIA * Ganglioside Asialo-GM-1 Antibody (IgM), EIA * Immunofixation, Urine</i> | | |
|--|---|---|
| Clinical Significance: | The panel includes ganglioside antibodies associated with motor neuropathies. Many of the anti-ganglioside antibodies associated with chronic immune neuropathies are monoclonal IgM antibodies. An evaluation for monoclonal gammopathy should be performed in this setting. | |
| Effective Date: | August 22, 2011 | |
| Test Code: | 90137 | |
| CPT Code(s): | 86334, 80099, 83520 (x5), 86335 | |
| Specimen Requirements: | 5 mL serum and 25 mL random urine in plastic screw cap container Overnight fasting is preferred. | |
| Rejection Criteria: | Serum received at room temperature | |
| Transport Temperature: | Refrigerated | |
| Specimen Stability: | Serum: Room temperature: 24 hours Refrigerated: 7 days Frozen: 7 days | Urine: Room temperature: 5 days Refrigerated: 7 days Frozen: 30 days |
| Reference Ranges: | Accompanies report | |
| Methodology: | Immunofixation, Immunoturbidimetric, Immunoassay | |
| Assay Category: | Laboratory Developed Test | |
| Performing Site: | Quest Diagnostics Nichols Institute, San Juan Capistrano | |

| Ri Antibody Screen with Reflex to Titer and Western Blot, CSF <i>Includes: Ri Antibody Screen, IFA, CSF * Ri Ab, Western Blot, CSF * Ri Antibody Titer, CSF</i> | | | |
|---|--|---|--------------|
| Clinical Significance: | Anti-Ri can be detected in patients with the paraneoplastic opsoclonus/ myoclonus syndrome. Neoplasms most often associated with Anti-Ri include breast cancer, gynecological cancers, and small cell lung cancer. | | |
| Effective Date: | August 22, 2011 | | |
| Test Code: | 90121 | | |
| CPT Code(s): | 86255 | | |
| Specimen Requirements: | 0.8 mL CSF in sterile screw cap container Overnight fasting is preferred | | |
| Rejection Criteria: | Received room temperature | | |
| Transport Temperature: | Refrigerated | | |
| Specimen Stability: | Room temperature: 8 hours Refrigerated: 7 days Frozen: 6 months | | |
| Reference Ranges: | Ri Ab Screen, IFA, CSF: | Negative | titer |
| | Ri Ab, Western Blot, CSF: | Negative | |
| | Ri Ab, Titer, CSF: | No Ri Antibodies Detected in Undiluted CSF Samples | |
| Methodology: | Immunofluorescence Assay | | |
| Assay Category: | ASR Class 1 | | |
| Performing Site: | Quest Diagnostics Nichols Institute, San Juan Capistrano | | |
| Additional Information: | If the Ri IFA result is positive then Ri Western Blot will be performed at an additional charge (CPT codes: 84181). If Ri WB result is positive then Ri Titer will be performed at an additional charge (CPT code(s): 86256) | | |

Sensory-Motor Neuropathy Antibody Panel (Ganglioside)

*Includes: Ganglioside GM-1 Antibodies (IgG and IgM), EIA * Ganglioside GD1a Antibody (IgG), EIA * Ganglioside GD1a Antibody (IgM), EIA * Ganglioside GD1b Antibody (IgG), EIA * Ganglioside GD1b Antibody (IgM), EIA * Ganglioside GQ1b Antibody (IgG), EIA * Ganglioside Asialo-GM-1 Antibody (IgG), EIA * Ganglioside Asialo-GM-1 Antibody (IgM), EIA*

| | |
|------------------------|---|
| Clinical Significance: | The presence of antibodies to the gangliosides GM1, Asialo-GM1, GD1a and GD1b has been associated with motor and sensorimotor neuropathies. High titers of antibody to GM1 are most typical of multifocal motor neuropathy; however, antibodies to other gangliosides are often present. In most cases of chronic immune neuropathies, anti-ganglioside antibodies are IgM class. IgG antibodies have been reported less often, generally associated with acute conditions. Many reports have found increased anti-asialo-GM1 antibody titers in patients with multifocal motor neuropathy, lower motor neuron disease, sensorimotor neuropathy, or motor neuropathy with or without multifocal block, Guillain-Barre syndrome, and amyotrophic lateral sclerosis. There may be a relationship between titers of asialo-GM1 antibodies and clinical status in individual patients. In some lower motor neuron disorders, improvement in strength has occurred after therapeutic reduction in anti-asialo-GM1 antibody titers. Polyclonal GQ1b IgG antibody can serve as an aid in the diagnosis of acute ataxia neuropathy with ophthalmoplegia or of Miller-Fisher syndrome. |
| Effective Date: | August 22, 2011 |
| Test Code: | 90129 |
| CPT Code(s): | 83520 (x9) |
| Specimen Requirements: | 3 mL serum Overnight fasting is preferred |
| Rejection Criteria: | Received room temperature |
| Transport Temperature: | Refrigerated |
| Specimen Stability: | Room temperature: 24 hours Refrigerated: 7 days Frozen: 21 days |
| Reference Ranges: | Accompanies report |
| Methodology: | Immunoassay |
| Assay Category: | Laboratory Developed Test |
| Performing Site: | Quest Diagnostics Nichols Institute, San Juan Capistrano |

| Sensory Neuropathy Antibody Panel (Ganglioside) <i>Includes: Ganglioside GD1b Antibody (IgG), EIA * Ganglioside GD1b Antibody (IgM), EIA * Ganglioside GQ1b Antibody (IgG), EIA</i> | | | |
|---|---|------------------------|--------------|
| Clinical Significance: | Gangliosides GD1b IgG is associated with acute motor and sensory axonal neuropathy with associated cerebellar ataxia and ataxic presentations of Guillain-Barre syndrome. GQ1b IgG may be associated with Miller-Fisher syndrome. GQ1b IgM antibody is associated with chronic sensory ataxic neuropathy. | | |
| Effective Date: | August 22, 2011 | | |
| Test Code: | 90124 | | |
| CPT Code(s): | 83520 (x3) | | |
| Specimen Requirements: | 1 mL serum Overnight fasting is preferred | | |
| Rejection Criteria: | Received room temperature | | |
| Transport Temperature: | Refrigerated | | |
| Specimen Stability: | Room temperature: 48 hours Refrigerated: 7 days Frozen: 21 days | | |
| Reference Ranges: | GD1b Ab (IgG): | <1:100 | titer |
| | GD1b Ab (IgM): | < OR = 1:800 | titer |
| | GQ1b Ab (IgG): | Less than 1:100 | titer |
| Methodology: | Immunoassay | | |
| Assay Category: | Laboratory Developed Test | | |
| Performing Site: | Quest Diagnostics Nichols Institute, San Juan Capistrano | | |

| Yo Antibody Screen with Reflex to Titer and Western Blot <i>Includes: Yo Antibody, IFA, Serum * Yo Antibody Western Blot, Serum * Yo Antibody Titer, Serum</i> | | | |
|--|--|-----------------|--------------|
| Clinical Significance: | Purkinje Cell (Yo) antibody is found in approximately half of the patients with paraneoplastic cerebellar degeneration and is associated with ovarian, uterine, and small cell lung carcinomas and Hodgkin's lymphoma. | | |
| Effective Date: | August 22, 2011 | | |
| Test Code: | 90119 | | |
| CPT Code(s): | 86255 | | |
| Specimen Requirements: | 0.5 mL serum Overnight fasting is preferred. | | |
| Transport Temperature: | Room temperature | | |
| Specimen Stability: | Room temperature: 7 days Refrigerated: 14 days Frozen: 21 days | | |
| Reference Ranges: | Yo Ab, IFA, Serum: | Negative | |
| | Yo Ad, Western Blot, Serum: | Negative | |
| | Yo Ab Titer, Serum: | <1:40 | titer |
| Methodology: | Immunofluorescence Assay | | |
| Assay Category: | ASR Class 1 | | |
| Performing Site: | Quest Diagnostics Nichols Institute, San Juan Capistrano | | |
| Additional Information: | If Yo Ab IFA result is positive then Yo Western Blot will be performed (CPT code(s): 84181). If Yo WB result is positive then Yo Titer will be performed at an additional charge (CPT code(s): 86256) | | |

| Yo Antibody Screen with Reflex to Titer and Western Blot, CSF <i>Includes Yo Antibody, IFA, CSF * Yo Antibody Western Blot, CSF *Yo Antibody Titer, CSF</i> | | | |
|---|--|--|--------------|
| Clinical Significance: | Purkinje Cell (Yo) antibody is found in approximately half of the patients with paraneoplastic cerebellar degeneration and is associated with ovarian, uterine, and small cell lung carcinomas and Hodgkin's lymphoma. | | |
| Effective Date: | August 22, 2011 | | |
| Test Code: | 90117 | | |
| CPT Code(s): | 86255 | | |
| Specimen Requirements: | 0.8 mL CSF in sterile screw cap container Overnight fasting is preferred. | | |
| Transport Temperature: | Refrigerated | | |
| Specimen Stability: | Room temperature: 8 hours Refrigerated: 7 days Frozen: 6 months | | |
| Reference Ranges: | Yo Ab, IFA, CSF: | Negative | |
| | Yo Ab, Western Blot, CSF: | Negative | |
| | Yo Ab Titer,CSF: | No Yo antibodies detected in undiluted CSF sample | titer |
| Methodology: | Immunofluorescence Assay | | |
| Assay Category: | ASR Class 1 | | |
| Performing Site: | Quest Diagnostics Nichols Institute, San Juan Capistrano | | |
| Additional Information: | If the Yo Ab IFA, CSF result is positive then Yo Western Blot, CSF will be performed at an additional charge (CPT code(s): 84181). If the Yo WB, CSF result is positive then Yo Titer, CSF will be performed at an additional charge (CPT code(s): 86256) | | |

Test Changes

The following test changes will be effective on the dates indicated below.
Please note that only the information that is changing appears in this update.
Former test codes and test names have been italicized.

| Somatostatin | |
|------------------------|---|
| Effective Date: | August 1, 2011 |
| Test Code: | 34480 |
| Reject Criteria: | Gross lipemia and gross icterus specimen |
| Specimen Stability: | Room temperature: 8 hours Refrigerated: 8 hours Frozen: 28 days |
| Reference Range: | Adult: < OR = 30 pg/mL |
| Assay Category: | Laboratory Developed Test |
| Performing Site: | Quest Diagnostics Nichols Institute, San Juan Capistrano |

| 19767 Drug Abuse Screen 7, Serum 19733 Drug Abuse Panel 9, Serum | |
|---|--|
| Effective Date: | August 8, 2011 |
| Specimen Stability: | Room temperature: 5 days Refrigerated: 7 days Frozen: Not established |
| Performing Site: | Quest Diagnostics Nichols Institute, Chantilly |

| Celiac Disease Comprehensive Panel | | | |
|---|--|---|---|
| Effective Date: | August 22, 2011 | | |
| Test Code: | 19955 | | |
| Reference Range: | (tTG) Ab, IgA: | Negative: <5 Equivocal: 5-8 Positive: >8 | U/mL U/mL U/mL |
| | Endomysial Ab IgA: | Negative | |
| | Endomysial Ab Titer: | <1:5 | |
| | IgA, Serum: | Cord Blood: 1-3 1 Month: 2-43 2-5 Months: 3-66 6-9 Months: 7-66 10-12 Months: 12-75 1-3 Years: 24-121 4-6 Years: 33-235 7-9 Years: 41-368 10-11 Years: 64-246 12-13 Years: 70-432 14-15 Years: 57-300 >=16 Years: 81-463 | mg/dL mg/dL mg/dL mg/dL mg/dL mg/dL mg/dL mg/dL mg/dL mg/dL mg/dL |
| | (tTG) Ab, IgG: | Negative: <7 Equivocal: 7-10 Positive: >10 | U/mL |
| Performing Site: | Quest Diagnostics Nichols Institute, San Juan Capistrano | | |

| Endomysial Antibody Screen (IgA) with Reflex to Titer | |
|--|--|
| Effective Date: | August 22, 2011 |
| Test Code: | 15064 |
| Reference Range: | Endomysial Ab IgA: Negative Endomysial Ab Titer: <1:5 |
| Performing Site: | Quest Diagnostics Nichols Institute, San Juan Capistrano and Chantilly |
| Additional Information: | Please note this test is included in the following group code: <ul style="list-style-type: none"> • 15981 - Celiac Disease Comp Panel, Infant • 19955 - Celiac Disease Comprehensive Panel |

| Ganglioside Asialo-GM-1 Antibody (IgM), EIA | |
|--|--|
| Effective Date: | August 22, 2011 |
| Test Code: | 38836 |
| Reference Range: | Asialo-GM-1 Ab (IgM): < or = 1:1600 titer |
| Performing Site: | Quest Diagnostics Nichols Institute, San Juan Capistrano |

| Ganglioside GD1a Antibody (IgG), EIA | |
|---|--|
| Effective Date: | August 22, 2011 |
| Test Code: | 38916 |
| Reference Range: | GD1a Ab (IgG): <1:100 titer |
| Performing Site: | Quest Diagnostics Nichols Institute, San Juan Capistrano |

| Ganglioside GD1b Antibody (IgG), EIA | |
|---|--|
| Effective Date: | August 22, 2011 |
| Test Code: | 39461 |
| Reference Range: | GD1b Ab (IgG): <1:100 titer |
| Performing Site: | Quest Diagnostics Nichols Institute, San Juan Capistrano |

| Ganglioside GD1b Antibody (IgM), EIA | |
|---|--|
| Effective Date: | August 22, 2011 |
| Test Code: | 37439 |
| Reference Range: | GD1b Ab (IgM): < OR = 1:800 titer |
| Performing Site: | Quest Diagnostics Nichols Institute, San Juan Capistrano |

| Ganglioside Asialo-GM-1 Antibody (IgG), EIA | |
|--|--|
| Effective Date: | August 22, 2011 |
| Test Code: | 39462 |
| Reference Range: | Asialo-GM-1 Ab (IgG): <1:100 titer |
| Performing Site: | Quest Diagnostics Nichols Institute, San Juan Capistrano |

| Ganglioside GM-1 Antibodies (IgG and IgM), EIA | |
|---|---|
| Effective Date: | August 22, 2011 |
| Test Code: | 37093 |
| Reference Range: | GM-1 Ab (IgG): <1:800 titer GM-1 Ab (IgM): <1:800 titer Normal: Less than 1:800 Moderately Elevated: 1:800-1:3200 Highly Elevated: 1:6400 or greater |
| Performing Site: | Quest Diagnostics Nichols Institute, San Juan Capistrano |

| | |
|--|--|
| Hu Antibody Screen with Reflex to Titer and Western Blot <i>Includes: Neuronal Nuclear Antibody (Hu) Screen, Serum * Neuronal Nuclear Antibody, Western Blot, Serum * Neuronal Nuclear Antibody Titer, Serum</i> | |
| Effective Date: | August 22, 2011 |
| Test Code: | 37053 |
| Former Test Name: | <i>Neuronal Nuclear (Hu) Antibody with Reflex to Titer & Western Blot</i> |
| Specimen Requirements: | 0.5 mL serum (minimum 0.2 mL) |
| Performing Site: | Quest Diagnostics Nichols Institute, San Juan Capistrano |
| Additional Information: | If the Hu Ab, IFA, Serum result is positive, then Hu Ab, Western Blot, Serum will be performed at an additional charge (CPT code(s): 84181). If the Hu Ab, Western Blot, Serum result is positive, then Hu Ab Titer, Serum will be performed at an additional charge (CPT code(s): 86256) |

| | |
|---|---|
| Hu Antibody Screen with Reflex to Titer and Western Blot, CSF <i>Includes: Neuronal Nuclear Antibody (Hu) Screen, CSF * Neuronal Nuclear Antibody, Western Blot, CSF * Neuronal Nuclear Antibody Titer, CSF</i> | |
| Effective Date: | August 22, 2011 |
| Test Code: | 37710 |
| Specimen Requirements: | 0.8 mL CSF in sterile screw cap container (minimum 0.5 mL) |
| Performing Site: | Quest Diagnostics Nichols Institute, San Juan Capistrano |
| Additional Information: | If the Hu Ab, IFA, CSF result is positive, then Hu Ab, Western Blot, CSF will be performed at an additional charge (CPT code(s): 84181) If the Hu Ab, Western Blot, CSF result is positive, then Hu Ab Titer, CSF will be performed at an additional charge (CPT code(s): 86256) |

| | |
|---|--|
| Myelin-Associated Glycoprotein (MAG) Antibody (IgM), EIA | |
| Effective Date: | August 22, 2011 |
| Test Code: | 37438 |
| Reference Range: | MAG Ab (IgM), EIA: <1:1600 titer Normal: <1:1600 Moderately Elevated: 1:1600-1:3200 Highly Elevated: >1:6400 |
| Performing Site: | Quest Diagnostics Nichols Institute, San Juan Capistrano |

| | |
|--|---|
| Myelin Assoc. Glycoprotein (MAG) Antibody w/Reflex to MAG-SGPG & MAG, EIA | |
| Effective Date: | August 22, 2011 |
| Test Code: | 10063 |
| Performing Site: | Quest Diagnostics Nichols Institute, San Juan Capistrano |
| Additional Information: | If the MAG Ab IgM, WB result is positive then both MAG-SGPG Ab (IgM), EIA and MAG Ab (IgM), EIA will be performed at an additional charge (CPT code(s): 83520 (x2)) |

| | |
|--|--|
| Purkinje Cell (Yo) Antibody Screen with Reflex to Titer, IFA, Serum | |
| Effective Date: | August 22, 2011 |
| Test Code: | 37360 |
| Reference Ranges: | Yo Ab, IFA, Serum: Negative Yo Ab Titer, Serum: <1:40 titer |
| Performing Site: | Quest Diagnostics Nichols Institute, San Juan Capistrano |

| Ri Antibody Screen w/ Reflex to Titer and Western Blot | |
|--|--|
| <i>Includes: Neuronal Nuclear Antibody Screen, Ri * Neuronal Nuclear Antibody, Ri, Western Blot * Neuronal Nuclear Antibody, Ri, Titer</i> | |
| Effective Date: | August 22, 2011 |
| Test Code: | 10140 |
| Former Test Name: | <i>Neuronal Nuclear (Anti-Ri) Antibody, IFA with Reflex to Western Blot</i> |
| Specimen Requirements: | 0.5 mL serum (minimum 0.2 mL) |
| Performing Site: | Quest Diagnostics Nichols Institute, San Juan Capistrano |
| Additional Information: | If the Ri Screen result is positive then Ri Western Blot will be performed at an additional charge (CPT codes: 84181). If the Ri WB result is positive then Ri Titer will be performed at an additional charge (CPT codes: 86256) |

| Voltage-Gated Calcium Channel (VGCC) Antibody Assay | |
|--|---|
| Effective Date: | August 22, 2011 |
| Test Code: | 34057 |
| Reference Range: | <23000 fmol/L |
| Performing Site: | Quest Diagnostics Nichols Institute, San Juan Capistrano |
| Additional Information: | Please note this test is included in the following group code: 11306-Lambert-Eaton Syndrome Antibody Panel |

Discontinued Tests

| Ganglioside Antibody Panel 3 | |
|-------------------------------------|---|
| Effective Date: | August 22, 2011 |
| Test Code: | 39477 |
| Additional Information: | The recommended alternatives are: <ul style="list-style-type: none"> • 37093 -Ganglioside GM-1 Antibodies (IgG and IgM), EIA • 38836 - Ganglioside Asialo-GM-1 Antibody (IgM), EIA • 37439 - Ganglioside GD1b Antibody (IgM), EIA in the Test Changes section. |

| Ganglioside GD1a Antibody (IgG & IgM), EIA | |
|---|--|
| Effective Date: | August 22, 2011 |
| Test Code: | 11181 |
| Additional Information: | The recommended alternatives are: <ul style="list-style-type: none"> • 38916 - Ganglioside GD1a Antibody (IgG), EIA • 38964 - Ganglioside GD1a Antibody (IgM), EIA |

| Motor Neuropathy Antibody Panel, Serum | |
|---|---|
| Effective Date: | August 22, 2011 |
| Test Code: | 10987 |
| Additional Information: | The recommended alternatives are: <ul style="list-style-type: none"> • 90129 - Sensory-Motor Neuropathy Antibody Panel (Ganglioside) in the New Test Offerings section. • 10063 - Myelin Assoc. Glycoprotein (MAG) Antibody w/Reflex to MAG-SGPG & MAG, EIA in the Test Changes section |

| Neuronal Nuclear (Hu and Ri) Antibodies with Reflex to Titer & Western Blot | |
|--|---|
| Effective Date: | August 22, 2011 |
| Test Code: | 10999 |
| Additional Information: | The recommended alternative is: 90138 - Hu, Yo, and Ri Antibodies with Reflex to Titers and Western Blot in the New Test Offering section. |

| Paraneoplastic Syndrome Antibody Panel w/Reflex to Western Blot and Titer | |
|--|---|
| Effective Date: | August 22, 2011 |
| Test Code: | 10996 |
| Additional Information: | The recommended alternative is: 90138 - Hu, Yo, and Ri Antibodies with Reflex to Titers and Western Blot in the New Test Offering section. |

| Purkinje Cell (Yo) Antibody Screen with Reflex to Titer, IFA, CSF | |
|--|---|
| Effective Date: | August 22, 2011 |
| Test Code: | 37500 |
| Additional Information: | The recommended alternative is: 90117 - Yo Antibody Screen with Reflex to Titer and Western Blot, CSF in the New Test Offerings section. |

| Sensory & Motor Neuropathy Antibody Panel | |
|--|---|
| Effective Date: | August 22, 2011 |
| Test Code: | 11301 |
| Additional Information: | The recommended alternatives are: <ul style="list-style-type: none"> • 90129 -Sensory-Motor Neuropathy Antibody Panel (Ganglioside) in the New Test Offerings section. • 10063 - Myelin Assoc. Glycoprotein (MAG) Antibody w/Reflex to MAG-SGPG & MAG, EIA in the Test Changes section. |

| Sensory Neuropathy Antibody Panel 1 | |
|--|---|
| Effective Date: | August 22, 2011 |
| Test Code: | 11310 |
| Additional Information: | The recommended alternative is: 10063 - Myelin Assoc. Glycoprotein (MAG) Antibody w/Reflex to MAG-SGPG & MAG, EIA in the Test Changes section. |

| Sensory Neuropathy Antibody Panel 2 | |
|--|--|
| Effective Date: | August 22, 2011 |
| Test Code: | 10989 |
| Additional Information: | The recommended alternatives are: <ul style="list-style-type: none"> • 90138 - Hu, Yo, and Ri Antibodies with Reflex to Titers and Western Blot in the New Test Offerings section • 10063 -Myelin Assoc. Glycoprotein (MAG) Antibody w/Reflex to MAG-SGPG & MAG, EIA in the Test Changes section |