

Patient ID SA00165656	Patient Name SAMPLEREPORT, FMNPP	Birth Date 1970-11-09	Sex M	Age 53
Order Number SA00165656	Client Order Number SA00165656	Ordering Physician CLIENT,CLIENT	Report Notes	
Account Information C7028846 DLMP Rochester		Collected 09 Jan 2024 14:00		

Motor Neuropathy Panel

MAG Antibody, IgM

Y006
<1000 TU
Reference Value
0–999

INTERPRETIVE INFORMATION: MAG Antibody, IgM ELISA
An elevated IgM antibody concentration greater than 999 TU against myelin-associated glycoprotein (MAG) suggests active demyelination in peripheral neuropathy. A normal concentration (less than 999 TU) generally rules out an anti-MAG antibody-associated peripheral neuropathy.
TU=Titer Units

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

SGPG Antibody, IgM

Y006
0.45 IV
Reference Value
0.00–0.99

INTERPRETIVE INFORMATION: SGPG Antibody, IgM
The majority of sulfate-3-glucuronyl paragloboside (SGPG) IgM-positive sera will show reactivity against MAG. Patients who are SGPG IgM positive and MAG IgM negative may have multi-focal motor neuropathy with conduction block.

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Asialo-GM1 Antibodies, IgG-IgM

Y006
15 IV
Reference Value
0–50

GM1 Antibodies, IgG-IgM

Y006
16 IV
Reference Value
0–50

GD1a Antibodies, IgG-IgM

Y006
17 IV
Reference Value
0–50

GD1b Antibodies, IgG-IgM

Y006
18 IV
Reference Value
0–50

GQ1b Antibodies, IgG-IgM

Y006
20 IV
Reference Value
0–50

INTERPRETIVE INFORMATION: Ganglioside (Asialo-GM1, GM1, GM2, GD1a, GD1b, and GQ1b) Antibodies, IgG/IgM

29 IV or less: Negative

30–50 IV: Equivocal

51–100 IV: Positive

101 IV or greater: Strong Positive

Ganglioside antibodies are associated with diverse peripheral neuropathies. Elevated antibody levels to ganglioside-monosialic acid (GM1), and the neutral glycolipid, asialo GM1 are associated with motor or sensorimotor neuropathies, particularly multifocal motor neuropathy. Anti-GM1 may occur as IgM (polyclonal or monoclonal) or IgG antibodies. These antibodies may also be found in patients with diverse connective tissue diseases as well as normal individuals. GD1a antibodies are associated with different variants of Guillain-Barre syndrome (GBS) particularly acute motor axonal neuropathy while GD1b antibodies are predominantly found in sensory ataxic neuropathy syndrome. Anti-GQ1b antibodies are seen in more than 80 percent of patients with Miller-Fisher syndrome and may be elevated in GBS patients with ophthalmoplegia. The role of isolated anti-GM2 antibodies is unknown. These tests by themselves are not diagnostic and should be used in conjunction with other clinical parameters to confirm disease.

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Performing Site Legend

Code	Laboratory	Address	Lab Director	CLIA Certificate
Y006	ARUP Laboratories	500 Chipeta Way, Salt Lake City, UT 84108		



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Immunoglobulin G 1455 mg/dL	Y006 Reference Value 768–1632	Beta Globulin 1.05 g/dL	Y006 Reference Value 0.48–1.10
Immunoglobulin A 350 mg/dL	Y006 Reference Value 68–408	Gamma 1.25 g/dL	Y006 Reference Value 0.62–1.51
Immunoglobulin M 36 mg/dL	Y006 Reference Value 35–263	Monoclonal Protein 0.00 g/dL	Y006 Reference Value ≤0.00
Total Protein, Serum 7.0 g/dL	Y006 Reference Value 6.3–8.2	Immunofixation IFE Done	Y006
Albumin 4.00 g/dL	Y006 Reference Value 3.75–5.01	SPEP-IFE Interpretation See Note	Y006
Alpha 1 Globulin 0.33 g/dL	Y006 Reference Value 0.19–0.46	EER Motor Neuropathy Panel See Note	Y006
Alpha 2 Globulin 1.04 g/dL	Y006 Reference Value 0.48–1.05	Received: 10 Jan 2024 11:51	Reported: 10 Jan 2024 13:27

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