

Reporting Title: ANNA-1 Titer, CSF
Performing Location: Rochester

Ordering Guidance:
Serum is preferred. Spinal fluid testing is particularly useful if interfering antibodies are present in the serum.

Necessary Information:
Provide the ordering physician's name, phone number, mailing address, and e-mail address.

Specimen Requirements:
Only orderable as a reflex. For more information see:
-DMC2 / Dementia, Autoimmune/Paraneoplastic Evaluation, Spinal Fluid
-ENC2 / Encephalopathy, Autoimmune/Paraneoplastic Evaluation, Spinal Fluid
-EPC2 / Epilepsy, Autoimmune/Paraneoplastic Evaluation, Spinal Fluid
-MDC2 / Movement Disorder, Autoimmune/Paraneoplastic Evaluation, Spinal Fluid
-MAC1 / Myelopathy, Autoimmune/Paraneoplastic Evaluation, Spinal Fluid
-PCDEC / Pediatric Autoimmune Encephalopathy/CNS Disorder Evaluation, Spinal Fluid

Container/Tube: Sterile vial
Specimen Volume: 2 mL

Specimen Type	Temperature	Time	Special Container
CSF	Refrigerated (preferred)	28 days	
	Frozen	28 days	
	Ambient	72 hours	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
43440	ANNA-1 Titer, CSF	Alphanumeric	titer	94356-3

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:
No

CPT Code Information:
86256

Reference Values:
Only orderable as a reflex. For more information see:
-DMC2 / Dementia, Autoimmune/Paraneoplastic Evaluation, Spinal Fluid
-ENC2 / Encephalopathy, Autoimmune/Paraneoplastic Evaluation, Spinal Fluid

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- EPC2 / Epilepsy, Autoimmune/Paraneoplastic Evaluation, Spinal Fluid
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<1:2

Neuron-restricted patterns of IgG staining that do not fulfill criteria for antineuronal nuclear antibody type 1 may be reported as "unclassified antineuronal IgG." Complex patterns that include nonneuronal elements may be reported as "uninterpretable."