

**Reporting Title:** Paraneoplastic Vision Loss Eval, S

**Performing Location:** Rochester

**Ordering Guidance:**

Multiple neurological phenotype-specific autoimmune/paraneoplastic evaluations are available. For more information as well as phenotype-specific testing options, refer to [Autoimmune Neurology Test Ordering Guide](#).

For a list of antibodies performed with each evaluation, see [Autoimmune Neurology Antibody Matrix](#).

**Necessary Information:**

Provide the following information:

- Relevant clinical information
- Ordering provider name, phone number, mailing address, and e-mail address

**Specimen Requirements:**

**Patient Preparation:**

1. For optimal antibody detection, specimen collection is recommended prior to initiation of immunosuppressant medication.
2. This test should not be requested for patients who have recently received radioisotopes, therapeutically or diagnostically, because of potential assay interference. The specific waiting period before specimen collection will depend on the isotope administered, the dose given, and the clearance rate in the individual patient. Specimens will be screened for radioactivity prior to analysis. Radioactive specimens received in the laboratory will be held 1 week and assayed if sufficiently decayed or canceled if radioactivity remains.

**Supplies:** Sarstedt Aliquot Tube, 5 mL (T914)

**Collection Container/Tube:**

**Preferred:** Red top

**Acceptable:** Serum gel

**Submission Container/Tube:** Plastic vial

**Specimen Volume:** 4 mL

**Collection Instructions:** Centrifuge and aliquot serum into a plastic vial.

**Forms:**

If not ordering electronically, complete, print, and send a [Neurology Specialty Testing Client Test Request](#) (T732) with the specimen.

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

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
83077	CRMP-5-IgG, S	Alphanumeric		72504-4
610009	Recoverin Immunoblot, S	Alphanumeric		83003-4

607411	Paraneoplas Vision Loss Interp, S	Alphanumeric		In Process
618908	IFA Notes	Alphanumeric		48767-8

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

Supplemental Report:

No

Components:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
PVLEI	Paraneoplas Vision Loss Interp, S			Yes	No
CRMS	CRMP-5-IgG, S	1	86255	Yes	No
RCVBS	Recoverin Immunoblot, S	1	84182	Yes	Yes

CPT Code Information:

- 86255 x1
- 84182 x1
- 84182 CRMWS (if appropriate)
- 86256 CRMTS (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
CRMWS	CRMP-5-IgG Western Blot, S	1	84182	No	Yes
CRMTS	CRMP-5-IgG Titer, S	1	86256	No	No

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
CRMWS	83107	CRMP-5-IgG Western Blot, S	Alphanumeric		47401-5
CRMTS	43436	CRMP-5-IgG Titer, S	Alphanumeric	titer	94815-8

Reference Values:

COLLAPSIN RESPONSE-MEDIATOR PROTEIN-5-IgGNegative

RECOVERIN IMMUNOBLOT

Negative

COLLAPSIN RESPONSE-MEDIATOR PROTEIN-5 TITER

<1:240

COLLAPSIN RESPONSE-MEDIATOR PROTEIN-5 WESTERN BLOT

Negative

Titers lower than 1:240 are detectable by recombinant CRMP-5 Western blot analysis. CRMP-5 Western blot analysis will be done on request on stored serum (held 4 weeks). This supplemental testing is recommended in cases of chorea, vision loss, cranial neuropathy, and myelopathy. Call 1-800-533-1710 to request CRMP-5 Western blot.

Neuron-restricted patterns of IgG staining that do not fulfill criteria for CRMP-5-IgG may be reported as "unclassified antineuronal IgG." Complex patterns that include non-neuronal elements may be reported as "uninterpretable."