

Reporting Title: MG Evaluation MuSK Reflex, S
Performing Location: Rochester

Ordering Guidance:

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.

Specimen Requirements:

Patient Preparation: For optimal antibody detection, specimen collection is recommended prior to initiation of immunosuppressant medication or intravenous immunoglobulin treatment.

Supplies: Sarstedt Aliquot Tube, 5 mL (T914)

Collection Container/Tube:

Preferred: Red top

Acceptable: Serum gel

Submission Container/Tube: Plastic vial

Specimen Volume: 3 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®
8338	ACh Receptor (Muscle) Binding Ab	Numeric	nmol/L	97558-1
608981	MG with MuSK Interpretation, S	Alphanumeric		69048-7

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

Supplemental Report:

No

Components:

Test Definition: MGMR

Myasthenia Gravis Evaluation with
Muscle-Specific Kinase (MuSK) Reflex, Serum

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
MGMRI	MG with MuSK Interpretation, S			Yes	No
ARBI	ACh Receptor (Muscle) Binding Ab	1	86041	Yes	Yes

CPT Code Information:

86041
86043 (if appropriate)
86366 (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
ACMFS	AChR Modulating Flow Cytometry, S	1	86043	No	No
MUSK	MuSK Autoantibody, S	1	86366	No	Yes

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
MUSK	64277	MuSK Autoantibody, S	Numeric	nmol/L	51716-9
ACMFS	610029	AChR Modulating Flow Cytometry, S	Alphanumeric		99062-2

Reference Values:

Test ID	Reporting Name	Methodology	Reference Value
MGMRI	MG with MuSK Interpretation, S	Interpretation	NA
ARBI	ACh Receptor (Muscle) Binding Ab	Radioimmunoassay (RIA)	< or =0.02 nmol/L

Reflex Information:

Test ID	Reporting Name	Methodology	Reference Value
ACMFS	AChR Modulating Flow Cytometry, S	Flow Cytometry	Negative
MUSK	MuSK Autoantibody, S	RIA	< or =0.02 nmol/L