

**Reporting Title:** Amphiphysin Ab Titer, CSF**Performing Location:** Rochester**Ordering Guidance:**

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

**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
- SPPC / Stiff-Person Spectrum Disorders Evaluation, including Progressive Encephalomyelitis with Rigidity and Myoclonus, Spinal Fluid

**Container/Tube:** Sterile vial**Specimen Volume:** 4 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®
618164	Amphiphysin Ab Titer, CSF	Alphanumeric	titer	94354-8

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

**Supplemental Report:**

No

**CPT Code Information:**

86256

**Reference Values:**

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- 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

-SPPC / Stiff-Person Spectrum Disorders Evaluation, including Progressive Encephalomyelitis with Rigidity and Myoclonus, Spinal Fluid

<1:2

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