Test Definition: SP5CC

Septin-5 Antibody, Cell-Binding Assay, Spinal Fluid (Non-Orderable)

Overview

Useful For

Only orderable as a reflex. For more information see MDC2 / Movement Disorder, Autoimmune/Paraneoplastic Evaluation, Spinal Fluid.

Detecting septin-5 IgG by cell-binding assay using cerebrospinal fluid specimens

Testing Algorithm

If the indirect immunofluorescence (IFA) pattern suggests septin-5, then this test and septin-5 antibody IFA titer will be performed at an additional charge.

Method Name

Only orderable as a reflex. For more information see MDC2 / Movement Disorder, Autoimmune/Paraneoplastic Evaluation, Spinal Fluid.

Cell-Binding Assay (CBA)

NY State Available

Yes

Specimen

Specimen Type

CSF

Specimen Required

Only orderable as a reflex. For more information see MDC2 / Movement Disorder, Autoimmune/Paraneoplastic Evaluation, Spinal Fluid.

Container/Tube: Sterile vial
Specimen Volume: 1.5 mL

Specimen Minimum Volume

See Specimen Required

Reject Due To

Gross hemolysis	Reject

Gross lipemia	Reject
Gross icterus	Reject

Specimen Stability Information

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

Clinical & Interpretive

Clinical Information

Septin-5 IgG is a biomarker of a rapidly progressive, but treatable, form of autoimmune cerebellar ataxia. Patients present with subacute onset of cerebellar ataxia with prominent eye movement symptoms (oscillopsia or vertigo).

Improvement may occur after immunotherapy.

Reference Values

Only orderable as a reflex. For more information see MDC2 / Movement Disorder, Autoimmune/Paraneoplastic Evaluation, Spinal Fluid.

Negative

Interpretation

Seropositivity for septin antibodies by indirect immunofluorescence (IFA) is consistent with a diagnosis of autoimmune disease of the central nervous system. Cell-binding assay (CBA) testing for septin-5 IgG is required to confirm the diagnosis. Seropositivity for septin-5 IgG by CBA confirms a diagnosis of autoimmune disease of the central nervous system.

Cautions

Negative results for septin-5 IgG by cell-binding assay do not exclude neurological autoimmunity or cancer.

Clinical Reference

1. Honorat JA, Lopez-Chiriboga AS, Kryzer TJ, et al: Autoimmune septin-5 cerebellar ataxia. Neurol Neuroimmunol Neuroinflamm. 2018 Jul 9;5(5):e474
2. Honorat JA, Miske R, Scharf M, et al: 416. Neuronal septin autoimmunity: Differentiated serological profiles and clinical findings. Ann Neurol. 2020 Oct;88(Suppl 25):S55. Abstract

Performance

Test Definition: SP5CC

Septin-5 Antibody, Cell-Binding Assay, Spinal Fluid (Non-Orderable)

Method Description
Patient specimen is applied to a composite slide containing transfected and nontransfected HEK-293 cells. After incubation and washing, fluorescein-conjugated goat-antihuman IgG is applied to detect the presence of patient IgG binding.(Package insert: IIFT: Neurology Mosaics, Instructions for the indirect immunofluorescence test. EUROIMMUN; FA_112d-1_A_UK_C13, 02/2019)

PDF Report
No

Day(s) Performed
Monday through Sunday

Report Available
5 to 10 days

Specimen Retention Time
2 days

Performing Laboratory Location
Mayo Clinic Laboratories - Rochester Main Campus

Fees & Codes

Fees
- Authorized users can sign in to Test Prices for detailed fee information.
- Clients without access to Test Prices can contact Customer Service 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact Customer Service.

Test Classification
This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. It has not been cleared or approved by the US Food and Drug Administration.

CPT Code Information
86255

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
SP5CC	Septin-5 CBA, CSF	101462-0

Result ID	Test Result Name	Result LOINC® Value
615868	Septin-5 CBA, CSF	101462-0