

Reporting Title: MG/LEMS Evaluation, S**Performing Location:** Rochester**Ordering Guidance:**

This test should not be requested in 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 for 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.

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.

Specimen Minimum Volume:

2 mL

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®
34273	MG Lambert-Eaton Interpretation, S	Alphanumeric		69048-7
8338	ACh Receptor (Muscle) Binding Ab Also used by tests: ARBI	Numeric	nmol/L	97558-1
81185	P/Q-Type Calcium Channel Ab	Numeric	nmol/L	94349-8

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

Components:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
MGLEI	MG Lambert-Eaton Interpretation, S			Yes	No
ARBI	ACh Receptor (Muscle) Binding Ab			Yes	Yes
CCPQ	P/Q-Type Calcium Channel Ab			Yes	No

CPT Code Information:

86041
86596
86043 (if appropriate)
86366 (if appropriate)

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
ACMFS	AChR Modulating Flow Cytometry, S			No	No
MUSK	MuSK Autoantibody, S			No	Yes

Result Codes for Reflex Tests:

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

Reference Values:

Test ID	Reporting name	Methodology	Reference value
MGLEI	MG Lambert-Eaton Interpretation, S	Interpretation	NA
ARBI	ACh Receptor (Muscle) Binding Ab	Radioimmunoassay (RIA)	< or =0.02 nmol/L
CCPQ	P/Q-Type Calcium Channel Ab	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