

Reporting Title: CIDP/NP Evaluation, 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.

Specimen Requirements:

Patient Preparation: For optimal antibody detection, it is recommended collecting the specimen before initiation of immunosuppressant medication.

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®
616444	CIDP/NP Interpretation, S	Alphanumeric		69048-7

Result ID	Reporting Name	Type	Unit	LOINC®
616442	Contactin-1 IgG CBA, S	Alphanumeric		101448-9
614591	Neurofascin-155 IgG4, S	Alphanumeric		100845-7

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
CIDPI	CIDP/NP Interpretation, S			Yes	No
CONCS	Contactin-1 IgG CBA, S			Yes	No
NF4FS	Neurofascin-155 IgG4, S			Yes	No

CPT Code Information:

86255 x 2

Reference Values:

Contactin-1 IgG: Negative
Neurofascin-155 IgG4: Negative