

# **Test Definition: CDS1**

CNS Demyelinating Disease Evaluation, Serum

Reporting Title: CNS Demyelinating Disease Eval, 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, we recommend 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                      | Туре         | Unit | LOINC®  |
|-----------|-------------------------------------|--------------|------|---------|
| 113625    | CNS Demyelinating Disease Interp, S | Alphanumeric |      | 69048-7 |



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| Result ID | Reporting Name            | Туре         | Unit | LOINC®  |
|-----------|---------------------------|--------------|------|---------|
| 38324     | NMO/AQP4 FACS, S          | Alphanumeric |      | 43638-6 |
|           | Also used by tests: NMOFS |              |      |         |
| 65563     | MOG FACS, S               | Alphanumeric |      | 90248-6 |
|           | Also used by tests: MOGFS |              |      |         |

LOINC and CPT codes are provided by the performing laboratory.

# **Supplemental Report:**

No

# **Components:**

| Test ID | Reporting Name                      | CPT Units | CPT Code | Always<br>Performed | Orderable<br>Separately |
|---------|-------------------------------------|-----------|----------|---------------------|-------------------------|
| CSI1    | CNS Demyelinating Disease Interp, S |           |          | Yes                 | No                      |
| NMOFS   | NMO/AQP4 FACS, S                    |           |          | Yes                 | Yes                     |
| MOGFS   | MOG FACS, S                         |           |          | Yes                 | Yes                     |

### **CPT Code Information:**

86053 86363

86053-Titer (if appropriate)

86363-Titer (if appropriate)

## **Reflex Tests:**

| Test ID | Reporting Name         | CPT Units | CPT Code | Always<br>Performed | Orderable<br>Separately |
|---------|------------------------|-----------|----------|---------------------|-------------------------|
| NMOTS   | NMO/AQP4 FACS Titer, S |           |          | No                  | No                      |
| MOGTS   | MOG FACS Titer, S      |           |          | No                  | No                      |

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### **Result Codes for Reflex Tests:**

| Test ID | Result ID | Reporting Name         | Туре         | Unit  | LOINC®     |
|---------|-----------|------------------------|--------------|-------|------------|
| NMOTS   | 64557     | NMO/AQP4 FACS Titer, S | Alphanumeric | titer | 86241-7    |
| MOGTS   | 65564     | MOG FACS Titer, S      | Alphanumeric | titer | In Process |

### **Reference Values:**

MOG FACS, S

Negative

Reference values apply to all ages.

NMO/AQP4 FACS, S

Negative

Reference values apply to all ages.