

## Overview

### Useful For

Evaluating neurochondrin-IgG by cell-binding assay using spinal fluid from patients presenting with cerebellar and brainstem syndrome

### Testing Algorithm

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

### Method Name

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
- MAC1 / Myelopathy, Autoimmune/Paraneoplastic Evaluation, Spinal Fluid
- MDC2 / Movement Disorder, Autoimmune/Paraneoplastic Evaluation, Spinal Fluid
- PCDEC / Pediatric Autoimmune Encephalopathy/CNS Disorder 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:

- DMC2 / Dementia, Autoimmune/Paraneoplastic Evaluation, Spinal Fluid
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- EPC2 / Epilepsy, Autoimmune/Paraneoplastic Evaluation, Spinal Fluid
- MAC1 / Myelopathy, Autoimmune/Paraneoplastic Evaluation, Spinal Fluid
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**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	
	Frozen	28 days	
	Ambient	72 hours	

**Clinical & Interpretive**
**Clinical Information**

Neurochondrin is a neuronal target antigen in autoimmune cerebellar degeneration. Patients positive for neurochondrin-IgG present with a subacute to chronic cerebellar and brainstem syndrome. Patients respond to long-term immunosuppressive treatment with clinical stabilization or improvement.

**Reference Values**

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Negative

**Interpretation**

A positive result supports a diagnosis of central nervous system autoimmunity. Typical neurological phenotypes encountered include cerebellar ataxia and brainstem encephalitis. A paraneoplastic basis should be considered (uterine cancer in women) though cancers are generally not detected. Neurological stabilization or improvement may occur with immune therapy.

**Cautions**

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A negative result does not exclude neurological autoimmunity or cancer.

**Clinical Reference**

Shelly S, Kryzer TJ, Komorowski L, et al: Neurochondrin neurological autoimmunity. Neurol Neuroimmunol Neuroinflamm. 2019 Sep 11;6(6):e612

**Performance****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, Lubeck, Germany, 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**

28 days

**Performing Laboratory Location**

Rochester

**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. This test has not been cleared or approved by the US Food and Drug Administration.

**CPT Code Information**

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86255

**LOINC® Information**

Test ID	Test Order Name	Order LOINC® Value
NCDCC	Neurochondrin CBA, CSF	101449-7

Result ID	Test Result Name	Result LOINC® Value
615864	Neurochondrin CBA, CSF	101449-7