

## Overview

### Useful For

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	
	Frozen	28 days	
	Ambient	72 hours	

**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**

- Honorat JA, Lopez-Chiriboga AS, Kryzer TJ, et al: Autoimmune septin-5 cerebellar ataxia. *Neurol Neuroimmunol Neuroinflamm*. 2018 Jul 9;5(5):e474
- 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****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**

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**

86255

**LOINC® Information**

Test ID	Test Order Name	Order LOINC® Value
SP5CC	Septin-5 CBA, CSF	In Process

Result ID	Test Result Name	Result LOINC® Value
615868	Septin-5 CBA, CSF	In Process