MAYO CLINIC LABORATORIES

Test Definition: FMONP

Motor Neuropathy Panel

Overview

Method Name

Semi-Quantitative Enzyme-Linked Immunosorbent Assay
Quantitative Immunoturbidimetry
Quantitative Capillary Electrophoresis
Qualitative Immunofixation Electrophoresis
Quantitative Spectrophotometry

NY State Available

Yes

Specimen

Specimen Type

Serum SST

Specimen Required

Specimen Type: Serum
Container/Tube: Serum Separator Tube (SST)
Specimen Volume: 4mL
Collection Instructions: Draw blood in a serum gel tube(s). Spin down and send 4 mL serum refrigerated in plastic vial.

Reject Due To

Hemolysis	Mild reject; Gross reject
Lipemia	Mild OK; Gross reject
Icterus	Mild OK; Gross reject
Other	Plasma, CSF or other body fluids. Heat-inactivated, Contaminated

Specimen Minimum Volume

2 mL

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Serum SST	Refrigerated (preferred)	7 days	
	Frozen	30 days	

Clinical & Interpretive

Reference Values

Asialo-GM1 Antibodies, IgG/IgM

29 IV or less: Negative
30-50 IV: Equivocal
51-100 IV: Positive
101 IV or greater: Strong Positive
GM1 Antibodies, IgG/IgM
29 IV or less: Negative
30-50 IV: Equivocal
51-100 IV: Positive
101 IV or greater: Strong Positive
GD1a Antibodies, IgG/IgM
29 IV or less: Negative
30-50 IV: Equivocal
51-100 IV: Positive
101 IV or greater: Strong Positive
GD1b Antibodies, IgG/IgM
29 IV or less: Negative
30-50 IV: Equivocal
51-100 IV: Positive
101 IV or greater: Strong Positive
GQ1b Antibodies, IgG/IgM
29 IV or less: Negative
30-50 IV: Equivocal
51-100 IV: Positive
101 IV or greater: Strong Positive
Ganglioside (Asialo-GM1, GM1, GM2, GD1a, GD1b, and GQ1b) Antibodies, IgG/IgM:
Ganglioside antibodies are associated with diverse peripheral neuropathies. Elevated antibody levels to ganglioside-monosialic acid (GM1), and the neutral glycolipid, asialo GM1 are associated with motor or sensorimotor neuropathies, particularly multifocal motor neuropathy. Anti-GM1 may occur as IgM (polyclonal or monoclonal) or IgG antibodies. These antibodies may also be found in patients with diverse connective tissue diseases as well as normal individuals. GD1a antibodies are associated with different variants of Guillain-Barre syndrome (GBS) particularly acute motor axonal neuropathy while GD1b antibodies are predominantly found in sensory ataxic neuropathy syndrome. Anti-GQ1b antibodies are seen in more than 80 percent of patents with Miller-Fisher syndrome and may be elevated in GBS patients with ophthalmoplegia. The role of isolated anti-GM2 antibodies is unknown. These tests by themselves are not diagnostic and should be used in conjunction with other clinical parameters to confirm disease.
Total Protein, Serum
6.00-8.30 g/dL
Albumin
3.75-5.01 g/dL
Alpha-1 Globulins
0.19-0.46 g/dL
Alpha-2 Globulins
0.48-1.05 g/dL
Beta Globulins
0.48-1.10 g/dL
Gamma
0.62-1.51 g/dL

Immunoglobulin A
0 - 2 years: 2 - 126 mg/dL
3 - 4 years: 14 - 212 mg/dL
5 - 9 years: 52 - 226 mg/dL
10 - 14 years: 42 - 345 mg/dL
15 - 18 years: 60 - 349 mg/dL
19 years and older: 68 - 408 mg/dL
Immunoglobulin G
0 - 2 years: 242 - 1108 mg/dL
3 - 4 years: 485 - 1160 mg/dL
5 - 9 years: 514 - 1672 mg/dL
10 - 14 years: 581 - 1652 mg/dL
15 - 18 years: 479 - 1433 mg/dL
19 years and older: 768 - 1632 mg/dL
Immunoglobulin M
0 - 2 years: 21 - 215 mg/dL
3 - 4 years: 26 - 155 mg/dL
5 - 9 years: 26 - 188 mg/dL
10 - 14 years: 47 - 252 mg/dL
15 - 18 years: 26 - 232 mg/dL
19 years and older: 35-263 mg/dL

Myelin Associated Glycoprotein (MAG) Antibody, IgM
Less than 1000 TU
An elevated IgM antibody concentration greater than 999 TU against myelin-associated glycoprotein (MAG) suggests active demyelination in peripheral neuropathy. A normal concentration (less than 999 TU) generally rules out an anti-MAG antibody-associated peripheral neuropathy.
TU= Titer Units

Performance

PDF Report
No

Performing Laboratory Location
ARUP Laboratories

Fees & Codes

Test Classification
This test was developed and its performance characteristics determined by ARUP Laboratories. The U.S. Food and Drug Administration has not approved or cleared this test; however, FDA clearance or approval is not currently required for

clinical use. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions.

CPT Code Information

82784 x 3
83516 x 7
84160
84165
86334