

Motor Neuropathy Panel

Overview

Method Name

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

NY State Available

Yes

Specimen

Specimen Type

Serum SST

Specimen Required Specimen Type: Serum

Container/Tube: Serum Separator Tube (SST)

Specimen Volume: 4 mL

Collection Instructions: Draw blood in a serum gel tube(s). Spin down and send 4 mL serum refrigerated in plastic vial.

Specimen Minimum Volume

2 mL

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 specimens	

Specimen Stability Information

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



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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 patients 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.



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Total Protein, Serum:

6.3-8.2 g/dL

Albumin:

3.75-5.01 g/dL

Alpha 1 Globulin:

0.19-0.46 g/dL

Alpha 2 Globulin:

0.48-1.05 g/dL

Beta Globulin:

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

Monoclonal Protein:

Units: g/dL



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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

Sulfate-3-Glucuronyl Paragloboside (SGPG) Antibody, IgM:

Less than 1.00 IV

The majority of sulfate-3-glucuronyl paragloboside (SGPG) IgM-positive sera will show reactivity against MAG. Patients who are SGPG IgM positive and MAG IgM negative may have multi-focal motor neuropathy with conduction block.

Performance

PDF Report

No

Day(s) Performed

Sunday through Saturday

Report Available

3 to 12 days

Performing Laboratory Location

ARUP Laboratories

Fees & Codes

Fees

- Authorized users can sign in to <u>Test Prices</u> for detailed fee information.
- Clients without access to Test Prices can contact <u>Customer Service</u> 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact <u>Customer Service</u>.

Test Classification

This test was developed and its perfomance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

CPT Code Information

82784 x 3 83516 x 7 84155



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84165 86334

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
FMNPP	Motor Neuropathy Panel	Not Provided

Result ID	Test Result Name	Result LOINC® Value
Z4539	MAG Antibody, IgM	17314-6
Z4540	SGPG Antibody, IgM	31666-1
Z4541	Asialo-GM1 Antibodies, IgG-IgM	44737-5
Z4542	GM1 Antibodies, IgG-IgM	63244-8
Z4543	GD1a Antibodies, IgG-IgM	48656-3
Z4544	GD1b Antibodies, IgG-IgM	26870-6
Z4545	GQ1b Antibodies, IgG-IgM	31674-5
Z4546	Immunoglobulin G	2465-3
Z4547	Immunoglobulin A	2458-8
Z4548	Immunoglobulin M	2472-9
Z4549	Total Protein, Serum	2885-2
Z4550	Albumin	1751-7
Z4551	Alpha 1 Globulin	2865-4
Z4552	Alpha 2 Globulin	2868-8
Z4553	Beta Globulin	2871-2
Z4554	Gamma	2874-6
Z4555	Immunofixation	25700-6
Z4556	SPEP-IFE Interpretation	49275-1
Z4557	EER Motor Neuropathy Panel	11526-1
Z6250	Monoclonal Protein	Not Provided