

Reporting Title: MG/LEMS Evaluation, S**Performing Location:** Mayo Clinic Laboratories - Rochester Main Campus**Ordering Guidance:**

This test should not be requested in patients who have recently received radioisotopes, therapeutically or diagnostically, because of potential assay interference. The specific waiting period before specimen collection will depend on the isotope administered, the dose given, and the clearance rate in the individual patient. Specimens will be screened for radioactivity prior to analysis. Radioactive specimens received in the laboratory will be held for 1 week and assayed if sufficiently decayed or canceled if radioactivity remains.

Specimen Requirements:**Patient Preparation:** For optimal antibody detection, specimen collection is recommended prior to initiation of immunosuppressant medication.**Supplies:** Sarstedt Aliquot Tube, 5 mL (T914)**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.**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	
	Ambient	72 hours	
	Frozen	28 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
8338	ACh Receptor (Muscle) Binding Ab	Numeric	nmol/L	97558-1
81185	P/Q-Type Calcium Channel Ab	Numeric	nmol/L	94705-1
34273	MG Lambert-Eaton Interpretation, S	Alphanumeric		69048-7

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

Components:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
MGLEI	MG Lambert-Eaton Interpretation, S			Yes	No
ARBI	ACh Receptor (Muscle) Binding Ab	1	86041	Yes	Yes
CCPQ	P/Q-Type Calcium Channel Ab	1	86596	Yes	No

CPT Code Information:

86041
86596
86043 (if appropriate)
86366 (if appropriate)

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
CULFB	Fibroblast Culture for Genetic Test	1	88233	No	Yes
CULAF	Amniotic Fluid Culture/Genetic Test	1	88235	No	Yes
ACMFS	AChR Modulating Flow Cytometry, S	1	86043	No	No
MUSK	MuSK Autoantibody, S	1	86366	No	Yes
_STR1	Comp Analysis using STR (Bill only)	1	81265	No	No, (Bill only)
_STR2	Add'l comp analysis w/STR (Bill Only)	1	81266	No	No, (Bill only)

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
MUSK	64277	MuSK Autoantibody, S	Numeric	nmol/L	51716-9
ACMFS	610029	AChR Modulating Flow Cytometry, S	Alphanumeric		99062-2

Reference Values:

Test ID	Reporting name	Methodology	Reference value
MGLEI	MG Lambert-Eaton Interpretation, S	Interpretation	NA
ARBI	ACh Receptor (Muscle) Binding Ab	Radioimmunoassay (RIA)	< or =0.02 nmol/L
CCPQ	P/Q-Type Calcium Channel Ab	RIA	< or =0.02 nmol/L

Reflex Information:

Test ID	Reporting name	Methodology	Reference value
ACMFS	AChR Modulating Flow Cytometry, S	Flow cytometry	Negative
MUSK	MuSK Autoantibody, S	RIA	< or =0.02 nmol/L