



Test Definition: GID2

Gastrointestinal Dysmotility,
Autoimmune/Paraneoplastic Evaluation,
Serum

Reporting Title: GI Dysmotility, Autoimm/Paraneo, S
Performing Location: Mayo Clinic Laboratories - Rochester Main Campus

Ordering Guidance:

Multiple neurological phenotype-specific autoimmune/paraneoplastic evaluations are available. For more information as well as phenotype-specific testing options, refer to [Autoimmune Neurology Test Ordering Guide](#).

When more than one evaluation is ordered on the same order number the duplicate will be canceled.

For a list of antibodies performed with each evaluation, see [Autoimmune Neurology Antibody Matrix](#).

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 1 week and assayed if sufficiently decayed or canceled if radioactivity remains.

Necessary Information:

Provide the following information:

- Relevant clinical information
- Ordering healthcare professional's name, phone number, mailing address, and email address

Specimen Requirements:

Patient Preparation: For optimal antibody detection, specimen collection is recommended before starting immunosuppressant medication or intravenous immunoglobulin (IVIg) treatment.

Supplies: Sarstedt Aliquot Tube, 5 mL (T914)

Collection Container/Tube:

Preferred: Red top

Acceptable: Serum gel

Submission Container/Tube: Plastic vial

Specimen Volume: 4 mL

Collection Instructions: Centrifuge and aliquot serum into a plastic vial.

Forms:

If not ordering electronically, complete, print, and send [Gastroenterology and Hepatology Test Request](#) (T728) 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®
80150	ANNA-1, S	Alphanumeric		33615-6
83077	CRMP-5-IgG, S	Alphanumeric		72504-4
84321	AChR Ganglionic Neuronal Ab, S	Numeric	nmol/L	94694-7
83138	PCA-2, S	Alphanumeric		84925-7
34269	GI Dysmotility, Interpretation, S	Alphanumeric		69048-7
618899	IFA Notes	Alphanumeric		48767-8
64279	LGI1-IgG CBA, S	Alphanumeric		94287-0
64281	CASPR2-IgG CBA, S	Alphanumeric		94285-4
64933	DPPX Ab CBA, S	Alphanumeric		94676-4
615863	AP3B2 IFA, S	Alphanumeric		101907-4

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
AGIDI	GI Dysmotility, Interpretation, S			Yes	No
GANG	AChR Ganglionic Neuronal Ab, S	1	83519	Yes	No
ANN1S	Anti-Neuronal Nuclear Ab, Type 1	1	86255	Yes	No
APBIS	AP3B2 IFA, S	1	86255	Yes	No
CS2CS	CASPR2-IgG CBA, S	1	86255	Yes	No
CRMS	CRMP-5-IgG, S	1	86255	Yes	No
DPPCS	DPPX Ab CBA, S	1	86255	Yes	No
LG1CS	LGI1-IgG CBA, S	1	86255	Yes	No
PCAB2	Purkinje Cell Cytoplasmic Ab Type 2	1	86255	Yes	No

CPT Code Information:

83519

86255 x 7

84182 AN1BS (if appropriate)

86256 AN1TS (if appropriate)

84182 AN2BS (if appropriate)

86255 APBCS (if appropriate)

86256 APBTS (if appropriate)

86256 CRMTS (if appropriate)

84182 CRMWS (if appropriate)
86255 DPPCS (if appropriate)
86256 DPPTS (if appropriate)
86256 PC2TS (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
AN1BS	ANNA-1 Immunoblot, S	1	84182	No	No
AN2BS	ANNA-2 Immunoblot, S	1	84182	No	No
CRMWS	CRMP-5-IgG Western Blot, S	1	84182	No	Yes
DPPTS	DPPX Ab IFA Titer, S	1	86256	No	No
AN1TS	ANNA-1 Titer, S	1	86256	No	No
APBCS	AP3B2 CBA, S	1	86255	No	No
APBTS	AP3B2 IFA Titer, S	1	86256	No	No
CRMTS	CRMP-5-IgG Titer, S	1	86256	No	No
PC2TS	PCA-2 Titer, S	1	86256	No	No

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
CRMWS	83107	CRMP-5-IgG Western Blot, S	Alphanumeric		47401-5
DPPTS	64992	DPPX Ab IFA Titer, S	Alphanumeric	titer	94675-6
AN2BS	607262	ANNA-2 Immunoblot, S	Alphanumeric		94387-8
AN1BS	607260	ANNA-1 Immunoblot, S	Alphanumeric		94389-4
APBCS	615861	AP3B2 CBA, S	Alphanumeric		101907-4
PC2TS	43438	PCA-2 Titer, S	Alphanumeric	titer	94351-4
APBTS	616109	AP3B2 IFA Titer, S	Alphanumeric	titer	101908-2
AN1TS	43431	ANNA-1 Titer, S	Alphanumeric	titer	94342-3
CRMTS	43436	CRMP-5-IgG Titer, S	Alphanumeric	titer	94815-8

Reference Values:

Test ID	Reporting Name	Methodology*	Reference Value
AGIDI	GI Dysmotility, Interpretation, S	Medical interpretation	Interpretive report
GANG	AChR Ganglionic Neuronal Ab, S	RIA	< or =0.02 nmol/L
ANN1S	Anti-Neuronal Nuclear Ab, Type 1	IFA	Negative
APBIS	AP3B2 IFA, S	IFA	Negative
CS2CS	CASPR2-IgG CBA, S	CBA	Negative
CRMS	CRMP-5-IgG, S	IFA	Negative
DPPCS	DPPX Ab CBA, S	CBA	Negative

LG1CS	LGI1-IgG CBA, S	CBA	Negative
PCAB2	Purkinje Cell Cytoplasmic Ab Type 2	IFA	Negative

Reflex Information:

Test ID	Reporting Name	Methodology*	Reference Value
AN1BS	ANNA-1 Immunoblot, S	IB	Negative
AN1TS	ANNA-1 Titer, S	IFA	<1:240
AN2BS	ANNA-2 Immunoblot, S	IB	Negative
APBCS	AP3B2 CBA, S	CBA	Negative
APBTS	AP3B2 IFA Titer, S	IFA	<1:240
CRMTS	CRMP-5-IgG Titer, S	IFA	<1:240
CRMWS	CRMP-5-IgG Western Blot, S	WB	Negative
DPPTS	DPPX Ab IFA Titer, S	IFA	<1:240
PC2TS	PCA-2 Titer, S	IFA	<1:240

*Methodology abbreviations used:

Immunofluorescence assay (IFA)

Cell-binding assay (CBA)

Western blot (WB)

Radioimmunoassay (RIA)

Immunoblot (IB)

Neuron-restricted patterns of IgG staining that do not fulfill criteria for ANNA-1, CRMP-5-IgG, or PCA-2 may be reported as "unclassified anti-neuronal IgG." Complex patterns that include nonneuronal elements may be reported as "uninterpretable."

CRMP-5 titers lower than 1:240 are detectable by recombinant CRMP-5 Western blot analysis. CRMP-5 Western blot analysis will be done on request on stored serum (held for 4 weeks). This supplemental testing is recommended in cases of chorea, vision loss, cranial neuropathy, and myelopathy. Call 800-533-1710 to request CRMP-5 Western blot.