Test Definition: APBCC

Adaptor Protein 3 Beta2 (AP3B2) Antibody, Cell-Binding Assay, Spinal Fluid

Overview

Useful For

The differential diagnosis of patients presenting with mixed cerebellar and sensory ataxia and myeloneuropathy

Evaluating AP3B2 (adaptor protein 3 beta2)-IgG by cell-binding assay using spinal fluid specimens

Testing Algorithm

If the indirect immunofluorescence (IFA) pattern suggests AP3B2 (adaptor protein 3 beta2), then this test and AP3B2 antibody IFA titer will be performed at an additional charge.

Method Name

Only orderable as part of a profile. For more information see MAC1 / Myelopathy, Autoimmune/Paraneoplastic Evaluation, Spinal Fluid

Cell-Binding Assay (CBA)

NY State Available

Yes

Specimen

Specimen Type

CSF

Specimen Required

Only orderable as a part of a profile. For more information see MAC1 / Myelopathy, Autoimmune/Paraneoplastic Evaluation, Spinal Fluid

Container/Tube: Sterile vial
Preferred: Vial number 1
Acceptable: Any vial
Specimen Volume: 1.5 mL

Specimen Minimum Volume

See Specimen Required

Reject Due To

Gross	Reject

hemolysis	
Gross lipemia	Reject
Gross icterus	Reject

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
CSF	Refrigerated (preferred)	28 days	
	Ambient	72 hours	
	Frozen	28 days	

Clinical & Interpretive

Clinical Information

AP3B2 (adaptor protein 3 beta2)-IgG is a marker of an autoimmune disorder unified by gait instability as the predominant neurologic presentation. Patients present with either cerebellar, dorsal column, or sensory neuronal dysfunction. Clinical improvement following treatment has been reported. AP3B2 autoimmunity appears rare, is accompanied by ataxia (sensory or cerebellar), and is potentially treatable.

Reference Values

Only orderable as a part of a profile. For more information see MAC1 / Myelopathy, Autoimmune/Paraneoplastic Evaluation, Spinal Fluid

Negative

Interpretation

A positive result supports a diagnosis of neurological autoimmunity. Neurological phenotypes encountered include cerebellar ataxia, spinocerebellar ataxia, myelopathy, sensory neuronopathy and autonomic neuropathy. Neurological stabilization or improvement may occur with immune therapy.

Cautions

A negative result does not exclude neurological autoimmunity or cancer.

Clinical Reference

Honorat JA, Lopez-Chiriboga AS, Kryzer, TJ, et al: Autoimmune gait disturbance accompanying adaptor protein-3B2-IgG. Neurology. 2019 Sep 3;93(10):e954-e963

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
5 days if negative/10 days if positive

Report Available
5 to 10 days

Specimen Retention Time
28 days

Performing Laboratory Location
Mayo Clinic Laboratories - Rochester Main Campus

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. It 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
APBCC	AP3B2 CBA, CSF	101907-4

Result ID	Test Result Name	Result LOINC® Value
615860	AP3B2 CBA, CSF	101907-4