

Patient ID SA00581764	Patient Name SAMPLE REPORT, FMONP A	Birth Date 1974-12-31	Gender F	Age 44
Order Number SA00581764	Client Order Number SA00581764	Ordering Physician CLIENT, CLIENT	Report Notes	
Account Information C7028846 DLMP Rochester		Collected 18 Aug 2019 00:00		

Motor Neuropathy Panel

MAG Antibody, IgM

Y006
96 TU
Reference Value
0–999

INTERPRETIVE INFORMATION: MAG Antibody, IgM ELISA
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

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement D: aruplab.com/CS

SGPG Antibody, IgM

Y006

1.01 IV
Reference Value
0.00–0.99

INTERPRETIVE INFORMATION: SGPG Antibody, IgM
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.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement D: aruplab.com/CS

Asialo-GM1 Antibodies, IgG-IgM

Y006

478 IV
Reference Value
0–50

GM1 Antibodies, IgG-IgM

Y006
31 IV
Reference Value
0–50

GD1a Antibodies, IgG-IgM

Y006

214 IV
Reference Value
0–50

GD1b Antibodies, IgG-IgM

Y006
36 IV
Reference Value
0–50

GQ1b Antibodies, IgG-IgM

Y006
15 IV
Reference Value
0–50

INTERPRETIVE INFORMATION: Ganglioside (Asialo-GM1, GM1, GM2, GD1a, GD1b, and GQ1b) Antibodies, IgG/IgM
29 IV or less: Negative
30–50 IV: Equivocal
51–100 IV: Positive
101 IV or greater: Strong Positive

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.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement D: aruplab.com/CS


Performing Site Legend

Code	Laboratory	Address
Y006	ARUP Laboratories	500 Chipeta Way, Salt Lake City, UT 84108


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Immunoglobulin G
Y006
1340 mg/dL
Reference Value
768–1632

REFERENCE INTERVAL: Immunoglobulin G
Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com).

Immunoglobulin A
Y006

478 mg/dL
Reference Value
68–408

REFERENCE INTERVAL: Immunoglobulin A
Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com).

Immunoglobulin M
Y006

308 mg/dL
Reference Value
35–263

REFERENCE INTERVAL: Immunoglobulin M
Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com).

Total Protein, Serum
Y006
7.8 g/dL
Reference Value
6.3–8.2

Albumin
Y006
3.94 g/dL
Reference Value
3.75–5.01

Alpha 1 Globulin
Y006
0.34 g/dL
Reference Value
0.19–0.46

Alpha 2 Globulin
Y006
0.79 g/dL
Reference Value
0.48–1.05

Beta Globulin
Y006

1.17 g/dL
Reference Value
0.48–1.10

Gamma
Y006

1.57 g/dL
Reference Value
0.62–1.51

Immunofixation
Y006

IFE Done

SPEP-IFE Interpretation
Y006

See Note

Slight restriction of protein migration in the increased gamma region. IFE shows a very faint band in IgM kappa suggestive of a specific immune response or an early monoclonal protein. Close clinical correlation with IFE follow-up is suggested, if clinically indicated.

EER Motor Neuropathy Panel
Y006

EERUnavailable

Performed by ARUP Laboratories,
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Code	Laboratory	Address
Y006	ARUP Laboratories	500 Chipeta Way, Salt Lake City, UT 84108