

Overview

Useful For

Detecting septin-7 IgG by cell-binding assay using cerebrospinal fluid specimens

Testing Algorithm

If the indirect immunofluorescence pattern suggests septin-7, then this test and septin-7 antibody IFA titer will be performed at an additional charge.

Method Name

Only orderable as a reflex. For more information see:

- ENC2 / Encephalopathy, Autoimmune /Paraneoplastic Evaluation, Spinal Fluid
- MDC2 / Movement Disorder, Autoimmune /Paraneoplastic Evaluation, Spinal Fluid
- 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 reflex. For more information see:

- ENC2 / Encephalopathy, Autoimmune /Paraneoplastic Evaluation, Spinal Fluid
- MDC2 / Movement Disorder, Autoimmune /Paraneoplastic Evaluation, Spinal Fluid
- MAC1 / Myelopathy, Autoimmune/Paraneoplastic Evaluation, Spinal Fluid

Container/Tube: Sterile vial

Specimen Volume: 1.5 mL

Specimen Minimum Volume

See Specimen Required

Reject Due To

Gross hemolysis	Reject
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Gross lipemia	Reject
Gross icterus	Reject

Specimen Stability Information

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

Clinical & Interpretive

Clinical Information

Neurological phenotypes for septin-7 IgG positive patients include encephalopathy, myelopathy, encephalomyelopathy, painful myelopolyradiculopathy, and episodic ataxia. Psychiatric symptoms are also common with encephalopathic symptoms. Septin-7 IgG is also associated with cancer. Positive response to immunotherapy.

Reference Values

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Negative

Interpretation

Seropositivity for septin antibodies by indirect immunofluorescence assay is consistent with a diagnosis of autoimmune disease of the central nervous system. Cell-binding assay (CBA) testing for septin-7 IgG is required to confirm the diagnosis. Seropositivity for Septin-7 IgG by CBA confirms a diagnosis of autoimmune disease of the central nervous system. A paraneoplastic cause should be considered in patients with septin-7-IgG.

Cautions

Negative results for septin-7 IgG by cell-binding assay do not exclude neurological autoimmunity or cancer.

Clinical Reference

Honorat JA, Miske R, Scharf M, et al: 416. Neuronal septin autoimmunity: Differentiated serological profiles and clinical findings. Ann Neurol. 2020 Oct;88(Suppl 25):S55. Abstract

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

Monday through Sunday

Report Available

5 to 10 days

Specimen Retention Time

28 days

Performing Laboratory Location

Rochester

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
SP7CC	Septin-7 CBA, CSF	101466-1

Result ID	Test Result Name	Result LOINC® Value
615872	Septin-7 CBA, CSF	101466-1