

# Peripheral Nervous System Demyelinating Neuropathy, Autoimmune Evaluation, Serum

**Test ID:** DMNES

**Useful for:**

Evaluating patients with a suspected immune-mediated demyelinating peripheral neuropathy

**Profile Information:**

Test ID	Reporting Name	Available Separately	Always Performed
DMNI	Demyelinating Neuropathy Interp, S	No	Yes
CONCS	Contactin-1 IgG CBA, S	No	Yes
GQ1ES	GQ1b-IgG ELISA, S	Yes	Yes
IGG_D	IgG Disialo. GD1b	No	Yes
IGM_D	IgM Disialo. GD1b	No	Yes
IGG_M	IgG Monos. GM1	No	Yes
IGM_M	IgM Monos. GM1	No	Yes
MAGES	MAG IgM, S	Yes	Yes
NF4FS	Neurofascin-155 IgG4, S	No	Yes

**Reflex Tests:**

Test ID	Reporting Name	Available Separately	Always Performed
IGDTS	IgG Disialo GD1b Titer, S	No	No
IMDTS	IgM Disialo GD1b Titer, S	No	No
IGMTS	IgG Monos GM1 Titer, S	No	No
IMMTS	IgM Monos GM1 Titer, S	No	No

**Methods:**

DMNI: Technical Interpretation

CONCS: Cell-Binding Assay (CBA)

GQ1ES, IGG\_D, IGM\_D, IGG\_M, IGM\_M, IGDTS, IMDTS, IGMTS, IMMTS, MAGES: Enzyme-Linked Immunosorbent Assay (ELISA)

NF4FS: Flow Cytometry

**Reference Values:**

Contactin-1 IgG CBA: Negative  
GQ1b-IgG ELISA: Negative  
IgG Disialo. GD1b: Negative  
IgM Disialo. GD1b: Negative  
IgG Monos. GM1: Negative  
IgM Monos. GM1: Negative  
MAG IgM: <1500 Buhlmann titer unit  
Neurofascin-155 IgG4: Negative

**Reflex Information:**

IgG Disialo GD1b Titer: <1:2000  
IgM Disialo GD1b Titer: <1:2000  
IgG Monos GD1b Titer: <1:2000  
IgM Monos GD1b Titer: <1:4000

**Specimen Requirements:**

**Patient Preparation:** For optimal antibody detection, specimen collection is recommended to occur prior to initiation of immunosuppressant medication or intravenous immunoglobulin treatment.

**Supplies:** Sarstedt Aliquot Tube, 5 mL (T914)

**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.

**Minimum Volume:** 2 mL

**Specimen Stability Information:**

Specimen Type	Temperature	Time
Serum	Refrigerated (preferred)	28 days
	Ambient	72 hours
	Frozen	28 days

**Cautions:**

Negative results do not exclude a diagnosis of an immune-mediated demyelinating neuropathy. Autoantibody results should always be correlated with the clinical phenotype.

The use of immunotherapy prior to sample collection may result in either false-positive or false-negative results.

**CPT Code:**

83516 x5

83520

86255 x2

83520 x4 (if applicable)

**Day(s) Performed:** Monday through Sunday

**Report Available:** 5 to 8 days

**Questions**

Contact Amy Ennis or Steven Monson, Laboratory Resource Coordinator at 800-533-1710.