

Patient Information	Specimen Information	Client Information
STEWART, CAROL DOB: 09/03/1958 AGE: 60 Gender: F Fasting: N Phone: NG Patient ID: NG	Specimen: AL766525A Requisition: 7501408 Collected: 01/23/2019 / 09:00 CST Received: 01/24/2019 / 00:43 CST Reported: 01/31/2019 / 15:50 CST	Client #: 49100638 QATL0000 TUCK, PAMELA P AUM NURSING CARE CENTER 7461 EAST DRIVE #102 MONTGOMERY, AL 36117

Test Name	In Range	Out Of Range	Reference Range	Lab
MYASTHENIA GRAVIS PANEL 2 W/REFL MUSK AB				
ACETYLCHOLINE RECEPTOR BLOCKING ANTIBODY	<15		<15 % Inhibition	EZ
ACETYLCHOLINE RECEPTOR BINDING ANTIBODY	<0.30		nmol/L	EZ

Reference Ranges for Acetylcholine Receptor Binding Antibody:

Negative: < or =0.30 nmol/L
Equivocal: 0.31-0.49 nmol/L
Positive: > or =0.50 nmol/L

ACETYLCHOLINE RECEPTOR MODULATING ANTIBODY	13		% Inhibition	EZ
		Reference Range:		
		<32% INHIBITION		

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

HEMOGLOBIN A1c	5.1		<5.7 % of total Hgb	AT
For the purpose of screening for the presence of diabetes:				
<5.7%	Consistent with the absence of diabetes			
5.7-6.4%	Consistent with increased risk for diabetes (prediabetes)			
> or =6.5%	Consistent with diabetes			

This assay result is consistent with a decreased risk of diabetes.

Currently, no consensus exists regarding use of hemoglobin A1c for diagnosis of diabetes in children.

According to American Diabetes Association (ADA) guidelines, hemoglobin A1c <7.0% represents optimal control in non-pregnant diabetic patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Diabetes (ADA).

MUSK ANTIBODY TEST			AMD
INTERPRETATION	Negative		
	This test did not detect abnormal levels of anti-MuSK antibodies.		
TECHNICAL RESULTS	<1:10	<1:10	

Reference Range:
Negative <1:10, Borderline 1:10, Positive >=1:20

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COMMENTS

see note

Comments: The likelihood that this individual's clinical symptoms are associated with abnormal levels of anti-MuSK antibodies has been reduced. However, this test result does not rule out Myasthenia Gravis.

Background information: Myasthenis gravis (MG) is an autoimmune disease affecting the neuromuscular junctions of skeletal muscles. The predominant clinical feature is fatigability and weakness of the muscles that typically become progressively worse during periods of sustained activity and improve after periods of rest (1,2). Age of onset of MG is variable with an overall incidence of approximately 15:100,000 (1).

Anti-MuSK antibodies have been associated with Myasthenia Gravis (3,4). Although the majority of patients with generalized myasthenia gravis (MG) have antibodies against AChR (AChR-MG), 10-15% are seronegative. Within this group, about 40% have anti-MuSK antibodies, representing 5-8% of the MG population (3,4). Diagnosis of MuSK MG can be challenging due to its atypical presentation, including few symptom fluctuations, non-responsiveness to acetylcholinesterase inhibitors in a significant proportion of patients and negative electrodiagnostic studies when performed on limb muscles (4).

METHODS

see note

Detection of antibodies was performed by Radioimmunoassay (RIA) methodology.

Limitations of analysis: Reagent effectiveness may affect the signal intensity of the response. Although rare, false positive or false negative results may occur. All results should be interpreted in the context of clinical findings, relevant history, and other laboratory data.

REFERENCES

see note

1. Scherer, K, et al. (2005) JAMA 293; 1906-14. (PMID: 15840866)
2. Bedlack, RS, et al. (2000) Postgrad Med 107: 211-4, 220-2. (PMID: 10778421)
3. Berrih-Aknin, S, et al. (2014) J Autoimmun 52: 90-100. (PMID: 24389034)
4. Evoli, A, et al. (2013) Autoimmun Rev 12: 931-5. (PMID: 23535158)

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PERFORMING SITE:

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