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Muscle specific kinase antibodies by radioimmunoprecipitation

Test Name	Muscle specific kinase antibodies by RIPA
Abbreviations	MuSK Ab; MuSK RIPA
CPT code	83519
Methodology	In-house radioimmunoprecipitation assay
Intended use	Diagnosis of myasthenia gravis (MG)
Test requirements	Specimen Type: Serum Minimum volume: 0.5 mL Preferred volume: 3 mL Rejection criteria: grossly hemolytic, icteric, or lipemic. If the sample arrives at room temperature.
Specimen collection	• No patient preparation required before collection. • 5 mL SST tube (gold-top) • Spin tubes, aliquot serum, and ship on cold-packs same day
Specimen stability	Up to 7 days refrigerated (2 – 8^{o}C) -20^{o}C for longer term storage – avoid subsequent freeze thaws
Test schedule	Once a week (2 day testing procedure)
TAT	2 – 8 days
Reference range	N/A
Limitations	• This test was developed and its performance determined by Neurocode USA Inc. It has not been cleared or approved by the Food and Drug Administration. • Please indicate if patients are on immunomodulating treatments as these may interfere with testing. • False negative results can occur when antibodies are found in excess, known as the prozone effect. • Causal antibodies cannot be identified in about 10% of MG cases. Therefore, a positive result is specific for the diagnosis of MuSK ab myasthenia gravis (MG), but a negative result does not rule out an MG diagnosis.
References	• Oger J, Frykman H. An update on laboratory diagnosis in myasthenia gravis. Clinica Chimica Acta. 2015 Sep 20;449:43-8. • Frykman H, Kumar P, Oger J. Immunopathology of autoimmune myasthenia gravis: implications for improved testing algorithms and treatment strategies. Front Neurol. 2020 Dec 9;11:596621. • Rodríguez Cruz PM, et al. Clinical Features and Diagnostic Usefulness of Antibodies to Clustered Acetylcholine Receptors in the Diagnosis of Seronegative Myasthenia Gravis. JAMA Neurol. 2015; 72: 642–649. • Han J, et al. A novel MuSK cell-based myasthenia gravis diagnostic assay. J Neuroimmunol. 2019 Dec 15;337:577076.