Example Report

ARUP Laboratories
500 Chipeta Way – Salt Lake City, UT 84108
(800)522-2787 - www.aruplab.com
Julio C. Delgado, M.D. M.S., Director of Laboratories

Patient Age/Gender: 22 years Female Printed: 28-Jun-19 08:58:22

 $\frac{\text{Procedure}}{\text{Acetylcholine Binding Antibody}} = \frac{\text{Result}}{\textbf{0.5 H}} = \frac{\text{Units}}{\text{nmol/L}} = \frac{\text{Ref Interval}}{[0.0-0.4]} = \frac{\text{Accession}}{\frac{19-175-900061}{19-175-900061}} = \frac{\text{Collected Received Verified}}{\frac{24-\text{Jun}-19}{24-\text{Jun}-19}} = \frac{\text{Verified Note of the No$

24-Jun-19 11:40:00 Acetylcholine Binding Antibody: INTERPRETIVE INFORMATION: Acetylcholine Binding Ab

Negative 0.0 - 0.4 nmol/L Positive 0.5 nmol/L or greater

Approximately 85-90 percent of patients with myasthenia gravis (MG) express antibodies to the acetylcholine receptor (AChR), which can be divided into binding, blocking, and modulating antibodies. Binding antibody can activate complement and lead to loss of AChR. Blocking antibody may impair binding of acetylcholine to the receptor, leading to poor muscle contraction. Modulating antibody causes receptor endocytosis resulting in loss of AChR expression, which correlates most closely with clinical severity of disease. Approximately 10-15 percent of individuals with confirmed myasthenia gravis have no measurable binding, blocking, or modulating antibodies.

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

* Abnormal, # = Corrected, \mathbf{C} = Critical, \mathbf{f} = Footnote, \mathbf{H} = High, \mathbf{L} = Low, \mathbf{t} = Interpretive Text, @ = Reference Lab

Chart ID: 13349956 Page 1 of 1