

Myasthenia Gravis Panel 1

Order Name: MYAS GRAV1
Test Number: 5551325
Revision Date: 01/01/2024

TEST NAME	METHODOLOGY	LOINC CODE
Acetylcholine Receptor Binding Antibody	See Test Notes	11034-6
Striated Muscle Antibody Screen with Titer	Immunofluorescence Assay (IFA)	5372-8

SPECIMEN REQUIREMENTS					
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment	
Preferred	2 (1 mL)	Serum	Clot Activator SST	Refrigerated	
Alternate 1	2 (1 mL)	Serum	Clot Activator (Red Top, No-Gel)	Refrigerated	
Instructions	Combined Stability for both tes		n. weeks; Frozen: 1 year (avoid repeated freeze/thav	w cycles)	

GENERAL INFORMATION	
Testing Schedule	Mon - Sat
Expected TAT	4-5 Days
Clinical Use	Myasthenia Gravis is a neurological disorder characterized by a decrease in acetylcholine receptors. Patients exhibit skeletal muscle weakness and fatigability.
Notes	See individual panel components for more information for those tests.
CPT Code(s)	86041, 86255
Service Provided By	Oklahoma, Inc.