


Lambert-Eaton Myasthenic Syndrome (LEMS) Panel

Order Name: **LAMB EATON**
Test Number: **5503127**
Revision Date: **06/01/2015**

TEST NAME	METHODOLOGY	LOINC CODE
Striated Muscle Antibody Screen with Titer	Immunofluorescence Assay (IFA)	5372-8
Voltage-Gated Calcium Channel (VGCC) Antibody Assay	Quantitative Radioimmunoassay	31024-3
Acetylcholine Receptor Binding Antibody	See Test Notes	11034-6
Acetylcholine Receptor Modulating Antibody	Flow cytometry	30192-9

SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	4 mL (2 mL)	Serum	Clot Activator (Red Top, No-Gel)	Refrigerated
Instructions	Separate serum from cells ASAP or within 2 hours of collection.			

GENERAL INFORMATION	
Testing Schedule	Assay Dependant
Expected TAT	Assay Dependant
Notes	See individual panel components for more information for those tests.
CPT Code(s)	83519x3, 86255
Service Provided By	 labcorp Oklahoma, Inc.