

Patient Name: Last Name, First Name

Patient DOB: MM/DD/YYYY

Patient ID Number: C000-001-XX

Date of Test Report: 03/17/2024

Autoimmune Brain Panel™ Testing Results

Formerly known as the Cunningham Panel™

PATIENT REPORT

Submitting Prescriber: Doctor Name, MD

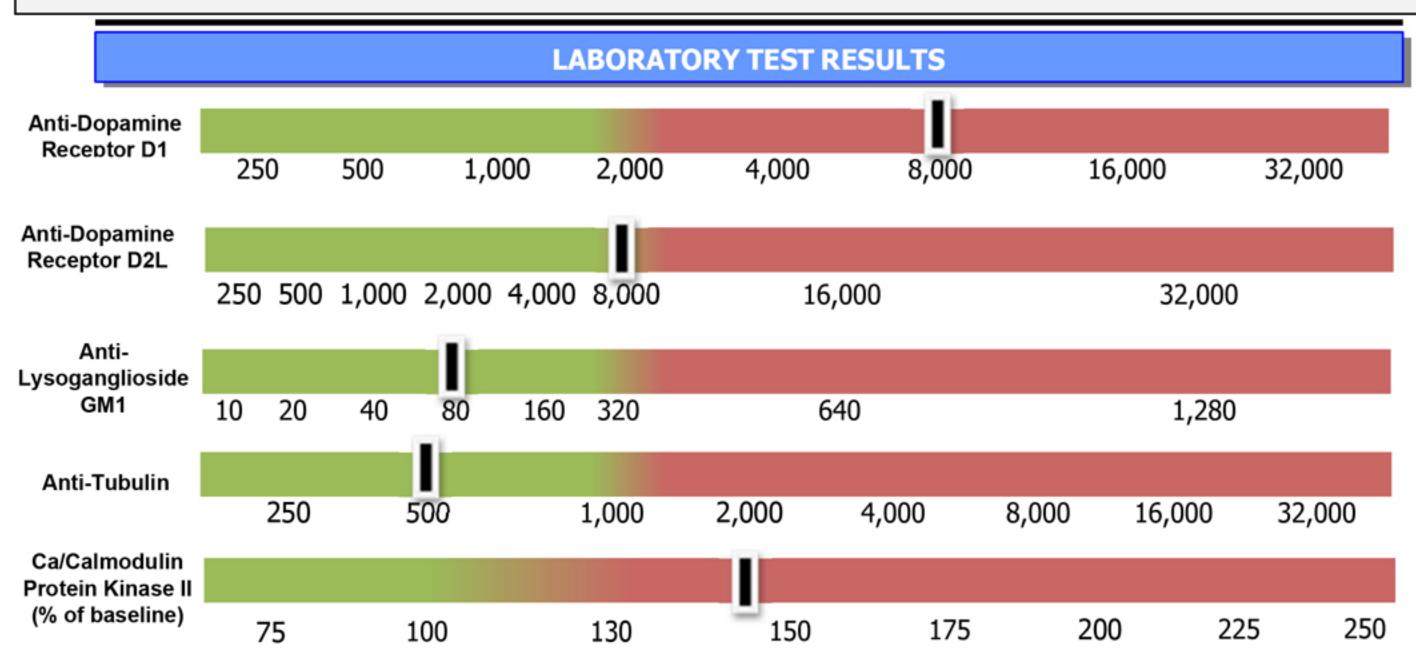
Date of Collection: MM/DD/YYYY

Date of Receipt: MM/DD/YYYY

LABORATORY TEST RESULTS COMPARED TO NORMAL RANGES

	Anti-Dopamine Receptor D1 (titer)	Anti-Dopamine Receptor D2L (titer)	Anti- Lysoganglioside GM1 (titer)	Anti-Tubulin (titer)	CaM Kinase II ² (% of baseline)
Patient Result	1:8,000	1:8,000	1:80	1:500	145
Normal Ranges	500 to 2,000	2,000 to 8,000	80 to 320	250 to 1,000	53-130
Normal Mean	1,056	6,000	147	609	95
INTERPRETATION*	ELEVATED	BORDERLINE	NORMAL	NORMAL	ELEVATED

*Report Guidance: If any one (1) or more of these five (5) assay values is elevated, it may indicate a clinically significant autoimmune neurological condition. This is a condition in which the patient's autoantibodies cross-react and are directed against selected neuronal targets which are involved in normal neuropsychiatric and/or motor functions. It is important to note that the degree of elevation in assay values may not necessarily correlate with degree of symptom severity, as any value above normal ranges may correlate with symptomatology.



The Autoimmune Brain Panel™ (formerly known as the Cunningham Panel™) measures human serum Immunoglobulin G (IgG) levels by Enzyme-Linked ImmunoSorbent Assay (ELISA) directed against: Dopamine D1 Receptor (DRD1), Dopamine D2L Receptor (DRD2L), Lysoganglioside-GM1 (LYSO-GM1) and Tubulin (TUB). ELISA results are determined by measuring the colorimetric intensity at a specific wavelength which is directly proportional to the amount of antibody in the sample. The fifth assay of this panel measures the specific activity of calcium/calmodulin-dependent protein kinase II (CaM KII) induced by the patient serum in cultured human neuronal cell lines compared to controls. This panel measures the level of these antibodies, and the ability of the patient's sera to stimulate CaM KII at a single point in time. Results may vary depending on the patient's condition and status, whether they are on immunosuppressive agents, corticosteroids or other immune modulatory therapy, and the length of time post treatment.