Diagnostic clarity in suspected multiple sclerosis

A comprehensive panel to help streamline differential diagnosis and mitigate clinical risk

Once multiple sclerosis (MS) is suspected, the journey to a diagnosis can be clouded by uncertainty

Patients evaluated for MS often present with nonspecific neurological symptoms—fatigue, vision changes, sensory disturbances, and mobility issues—that can overlap with other demyelinating and autoimmune diseases, such as neuromyelitis optica spectrum disorder (NMOSD) and MOG antibody-associated disease (MOGAD).

This creates a complex clinical picture that often requires multiple, separately ordered tests—fragmenting the workup and delaying definitive answers while increasing administrative burden and patient anxiety.

The MS Differential Evaluation from Quest Diagnostics can help

Unify your diagnostic evaluation
into a single panel and comprehensive report

Distinguish MS from high-risk mimics
such as NMOSD and MOGAD

Support treatment decisions
by mitigating clinical risk from the start

Misdiagnosing MS can have serious consequences

Treatments for MS may be ineffective or even harmful
for patients with NMOSD[1]

~18%
of patients referred to specialty MS clinics
were initially misdiagnosed[2]

Patients may spend
~4 years
being treated for MS before receiving a correct diagnosis[2]

$10M
in unnecessary treatment costs
were incurred by misdiagnosed patients in a referral-center cohort[2]

When MS evaluation is complex,
Quest Diagnostics helps bring clarity to critical care decisions.

Enabling a more confident MS care path
for your patients

A single panel to help clarify the differential diagnosis and guide next steps

The **MS Differential Evaluation with Reflexes** from Quest consolidates critical testing into a single comprehensive panel—providing a clear, unified report to help guide clinical decisions with confidence.

Test code	Description	Specimen collection	Turnaround time
18216	Multiple Sclerosis (MS) Differential Evaluation with Reflexes	11 mL serum (red-top tube)	7 days (with partial results enabled)

This evaluation may be used to rule out diseases that can mimic MS, supporting more targeted treatment decisions from the start.

Chronic condition	Tests included
NMOSD	Aquaporin-4 (AQP4) (NMO-IgG) Antibody with Reflex to Titer, Serum (38321)[a,b]
MOGAD	Myelin Oligodendrocyte Glycoprotein (MOG) Antibody with Reflex to Titer, Serum (36952)[a,b]
Human T-cell Lymphotropic Virus (HTLV)	HTLV-I/II Antibody, with Reflex to Confirmatory Assay (36175)[a,b]
Lyme disease (Neuroborreliosis)	Lyme Disease Antibody with Reflex to Blot (IgG, IgM) (6646)[a,b]
Systemic autoimmune diseases (eg, lupus, rheumatoid arthritis)	• ANA Screen, IFA, with Reflex to Titer and Pattern (249)[a,b] • Rheumatoid Factor (4418)[a] • Sjögren's Antibodies (SS-A, SS-B) (7832)[a]
Vitamin B12 deficiency	Vitamin B12 (927)[a]

[a] Panel and profile components may be ordered separately: Aquaporin-4 (AQP4) (NMO-IgG) Antibody with Reflex to Titer, Serum (38321); Myelin Oligodendrocyte Glycoprotein (MOG) Antibody with Reflex to Titer, Serum (36952); HTLV-I/II Antibody, with Reflex to Confirmatory Assay (36175); Lyme Disease Antibody with Reflex to Blot (IgG, IgM) (6646); ANA Screen, IFA, with Reflex to Titer and Pattern (249); Rheumatoid Factor (4418); Sjögren's Antibodies (SS-A, SS-B) (7832); Vitamin B12 (927).

[b] Reflex testing will be performed at an additional charge, if indicated by the initial result.

When to consider differential evaluation

New patients being evaluated for MS

Patients with inconclusive evaluation for MS

Diagnosed patients whose symptoms persist despite treatment

Support that helps turn insight into action

Clinical expertise
• Dedicated team of MDs and PhDs to support interpretation of complex neurologic cases
• Integration with more than 1,000 EHR systems
• Quanum® solutions for easy ordering and results review

Patient-centered experience
• In-network coverage across ~90% of insured lives
• ~2,400 Patient Service Centers nationwide
• MyQuest® portal for patients to access results and appointment scheduling

Learn how our MS offerings provide the clarity and clinical context needed to support your next care decision ❯

Reference
1. Sato DK, Callegaro D, Lana-Peixoto MA, et al. Distinction between MOG antibody-positive and AQP4 antibody-positive NMO spectrum disorders. *Neurology*. 2014;82(6):474-481. doi:10.1212/WNL.0000000000000101 2. Kaisey M, Solomon AJ, Luu M, Giesser BS, Sicotte NL. Incidence of multiple sclerosis misdiagnosis in referrals to two academic centers. *Multiple Sclerosis and Related Disorders*. 2019;30:51-56. doi:10.1016/j.msard.2019.01.048

Test codes may vary by location. Please contact your local laboratory for more information.

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