***Table e-1. CNS autoantibody testing performed in the seven patients from our series.***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **patient#1** | **patient#2** | **patient#3** | **patient#4** | **patient#5** | **patient#6** | **patient#7** |
| **Anti-AQP4 Ab**  *Commercial CBA* *(Euroimmun, Lubeck, Germany)* | Negative, CSF and serum | NA | Negative, serum | Negative, serum | NA | Negative, serum | Negative, CSF and serum |
| **Anti-MOG Ab**  *Commercial or in-house CBA (Euroimmun, Lubeck, Germany)* | Negative, serum | NA | NA | Negative, serum | NA | Negative, serum | Negative, serum |
| **Onconeural (Hu, Ri, Yo, CV2, Tr, Ma2, amphiphysin) and GAD Ab**  *Commercial indirect immunofluorescence IHC (Euroimmun, Lubeck, Germany)*  *Commercial line immunoblot (Euroimmun, Lubeck, Germany)* | Negative, serum | NA | NA | Negative, serum | Negative, serum | Negative, serum | Negative, serum |
| **Ab to cell- surface antigens** **(NMDAR, LGI1, CASPR2, AMPA, GABAb)**  *Commercial CBA (Euroimmun, Lubeck, Germany)* | Negative, CSF | NA | NA | Negative, CSF | Negative, CSF | Negative, CSF | Negative, CSF |
| **Additional tests** | In-house IHC on rodent brain sections: atypical antibody reactivity |  |  | In-house IHC on rodent brain sections followed by in-house CBA for GFAP: positive GFAP Ab in the CSF |  |  | In-house IHC on rodent brain sections: atypical antibody reactivity |

***Legend to Table e-1.*** Ab=antibodies, CBA=cell-based assay, IHC=immunohistochemistry, NA=not tested or results not available.Anti-AQP4 antibodies were tested using commercial cell-based assays (Euroimmun, Lubeck, Germany). Anti-MOG antibodies were tested using commercial or in-house cell-based assays (Euroimmun, Lubeck, Germany). Onconeural (Hu, Ri, Yo, CV2, Tr, Ma2, amphiphysin) and GAD antibodies were tested using commercial kits for indirect immunofluorescence immunohistochemistry (Euroimmun, Lubeck, Germany) and line immunoblot (Euroimmun, Lubeck, Germany) assays. Antibodies to cell-surface antigens (NMDA, LGI1, Caspr2, AMPA, GABAb) were tested using commercial cell-based assays (Euroimmun, Lubeck, Germany). Three patients (patient #1, patient #4, patient #7) underwent additional testing using in-house assays because of the evidence of atypical staining on commercial kits for IHC.