Overview

Special Instructions

- Ocular Immunology Test Request

Method Name

Western Blot (WB)

NY State Available

Yes

Specimen

Specimen Type

Varies

Specimen Required

Note: This test should only be ordered as follow up to previous Anti-retinal autoantibodies performed at Oregon Health Sciences University (OHSU) Ocular Immunology Laboratory.

Submit only one of the following specimens:

Serum:

Draw blood in a plain, red-top tube(s), serum gel tube(s) is acceptable. Spin down and send 5 mL serum refrigerated in a plastic vial.

Plasma:

Draw blood in a lavender-top (EDTA) tube(s). Spin down and send 5 mL EDTA plasma refrigerated in a plastic vial.

Complete and submit with specimen:

1. Completed OHSU Ocular request form
2. Clinical history
3. Referring physician information (name & phone number)

- NOTE: Without this information, testing cannot be completed.

Specimen Minimum Volume

3 mL

Reject Due To

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Hemolysis:</td>
<td>Mild reject; Gross reject</td>
</tr>
<tr>
<td>Thawing:</td>
<td>Warm reject; Cold OK</td>
</tr>
<tr>
<td>Lipemia:</td>
<td>NA</td>
</tr>
<tr>
<td>Icterus:</td>
<td>NA</td>
</tr>
</tbody>
</table>

Document generated February 5, 2021 at 9:54am CST
Test Definition: FARWB
Anti-Retinal Autoantibody, WB

Other: NA

Specimen Stability Information

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Temperature</th>
<th>Time</th>
<th>Special Container</th>
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</thead>
<tbody>
<tr>
<td>Varies</td>
<td>Refrigerated</td>
<td>7 days</td>
<td></td>
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</tbody>
</table>

Clinical and Interpretive

Reference Values
A final report will be attached in MayoAccess.

Performance

PDF Report
Referral

Day(s) and Time(s) Test Performed
Batched

Analytic Time
2 - 4 weeks

Maximum Laboratory Time
3 - 5 weeks

Performing Laboratory Location
Ocular Immunology Laboratory OHSU

Fees and Codes

Fees
- Authorized users can sign in to Test Prices for detailed fee information.
- Clients without access to Test Prices can contact Customer Service 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact Customer Service.

CPT Code Information
84182

LOINC® Information

<table>
<thead>
<tr>
<th>Test ID</th>
<th>Test Order Name</th>
<th>Order LOINC Value</th>
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<tbody>
<tr>
<td>FARWB</td>
<td>Anti-Retinal Autoantibody, WB</td>
<td>Not Provided</td>
</tr>
<tr>
<td>Result ID</td>
<td>Test Result Name</td>
<td>Result LOINC Value</td>
</tr>
<tr>
<td>-----------</td>
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