

Overview

Special Instructions

- [Ocular Immunology Test Request](#)

Method Name

Immunoblot and IHC

NY State Available

Yes

Specimen

Specimen Type

Varies

Specimen Required

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

Hemolysis:	Mild reject; Gross reject
Thawing:	Warm reject; Cold OK
Lipemia:	NA
Icterus:	NA
Other:	NA

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Varies	Refrigerated	7 days	

Clinical and Interpretive**Reference Values**

A final report will be provided.

Performance**PDF Report**

Referral

Day(s) Performed

Batched

Report Available

2 to 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 x 8

LOINC® Information

Test ID	Test Order Name	Order LOINC Value
FCARP	Cancer Assoc. Retinopathy (CARP)	Not Provided

Result ID	Test Result Name	Result LOINC Value
FCARP	Cancer Assoc. Retinopathy (CARP)	Not Provided