

**Overview****Method Name**

Western blot

**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) 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

84181

### LOINC® Information

Test ID	Test Order Name	Order LOINC Value
FONS	Anti-optic nerve autoantibodies, WB	Not Provided

Result ID	Test Result Name	Result LOINC Value
FONS	Anti-optic nerve autoantibodies, WB	Not Provided