

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) 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 x 6

LOINC® Information

Test ID	Test Order Name	Order LOINC Value
FMARP	Melanoma Assoc. Retinopathy (MARP)	Not Provided

Result ID	Test Result Name	Result LOINC Value
FMARP	Melanoma Assoc. Retinopathy (MARP)	Not Provided