



# Test Definition: FARP

Autoimmune Retinopathy Panel by  
Immunoblot (ARP)

## Overview

### Special Instructions

- [OHSU Requisition Form](#)

### Method Name

Immunoblot

### NY State Available

No

## Specimen

### Specimen Type

Varies

### Specimen Required

Submit the following required information 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.**

Submit only 1 of the following specimens:

**Specimen Type:** Serum

**Collection Container/Tube:**

**Preferred:** Red top

**Acceptable:** Serum gel

**Submission Container/Tube:** Plastic vial

**Specimen Volume:** 5 mL Serum

**Collection Instructions:**

1. Centrifuge and aliquot serum into a plastic vial.
2. Send refrigerate.

**Specimen Type:** Plasma

**Collection Container/Tube:** Lavender top (EDTA)

**Submission Container/Tube:** Plastic vial

**Specimen volume:** 5 mL Plasma

**Collection Instructions:**

1. Centrifuge and aliquot plasma into a plastic vial.
2. Send refrigerate.

**Specimen Minimum Volume**

3 mL

**Reject Due To**

Hemolysis	Reject
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**Specimen Stability Information**

Specimen Type	Temperature	Time	Special Container
Varies	Refrigerated	7 days	

**Clinical & Interpretive**

**Clinical Information**

Refer to [www.ohsu.edu/casey-eye-institute/ocular-immunology-lab](http://www.ohsu.edu/casey-eye-institute/ocular-immunology-lab).

**Reference Values**

An interpretive report will be provided.

**Performance**

**PDF Report**

Referral

**Day(s) Performed**

Batched

**Report Available**

16 to 35 days

**Performing Laboratory Location**

Ocular Immunology Laboratory OHSU

**Fees & Codes**

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**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 account representative. For assistance, contact [Customer Service](#).

**Test Classification**

This test was developed and its performance characteristics determined by Ocular Immunology Laboratory OHSU. It has not been approved by the U.S. Food and Drug Administration.

**CPT Code Information**

84182 x 8

**LOINC® Information**

Test ID	Test Order Name	Order LOINC® Value
FARP	Autoimmune Retinopathy Panel (ARP)	Not Provided

Result ID	Test Result Name	Result LOINC® Value
FARP	Autoimmune Retinopathy Panel (ARP)	Not Provided