

**Overview****Special Instructions**

- [OHSU Requisition Form](#)

**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

**Specimen Stability Information**

Specimen Type	Temperature	Time	Special Container
Varies	Refrigerated	7 days	

**Clinical & Interpretive****Reference Values**

A final 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****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](#).

**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
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