

Test Definition: FONS

Western blot for anti-optic nerve autoantibodies in the serum

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



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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 <u>Test Prices</u> for detailed fee information.
- Clients without access to Test Prices can contact <u>Customer Service</u> 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact <u>Customer Service</u>.

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	



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FONS Anti-optic nerve autoantibodies, WB Not Provided