
Reporting Title: Anti-Retinal Autoantibody, WB**Performing Location:** Ocular Immunology Laboratory OHSU**Specimen Requirements:****Note:** This test should only be ordered as follow up to previous Anti-retinal autoantibodies performed at Oregon Health Sciences University (OHSU) Ocular Immunology Laboratory.**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 Type	Temperature	Time	Special Container
Varies	Refrigerated	7 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
FARWB	Anti-Retinal Autoantibody, WB	Numeric		Not Provided

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

Referral

CPT Code Information:

84182

Reference Values:

A final report will be attached in MayoAccess.