

**Reporting Title:** Anti-optic nerve autoantibodies, WB  
**Performing Location:** Ocular Immunology Laboratory OHSU

**Specimen Requirements:**  
**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®
FONS	Anti-optic nerve autoantibodies, WB	Alphanumeric		Not Provided

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

**Supplemental Report:**  
Referral

**CPT Code Information:**  
84181

**Reference Values:**  
A final report will be provided.