

# **Test Definition: FMARP**

Melanoma Associated Retinopathy MAR Panel by Immunoblot and IHC

**Reporting Title:** Melanoma Assoc. Retinopathy (MARP) **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                     | Туре         | Unit | LOINC®       |
|-----------|------------------------------------|--------------|------|--------------|
| FMARP     | Melanoma Assoc. Retinopathy (MARP) | Alphanumeric |      | Not Provided |

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

## Supplemental Report:

Referral

## **CPT Code Information:**

84182 x 6

## **Reference Values:**

A final report will be provided.