

Reporting Title: Anti-bestrophin Autoantibodies
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®
FABAA	Anti-bestrophin Autoantibodies	Alphanumeric		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 provided.