

Overview

Special Instructions

- [OHSU Requisition Form](#)

Method Name

Immunoblot

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      |

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 [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

CPT Code Information

84182 x 8

LOINC® Information

| Test ID | Test Order Name                       | Order LOINC® Value |
|---------|---------------------------------------|--------------------|
| FARP    | Autoimmune Retinopathy Panel<br>(ARP) | Not Provided       |

# Test Definition: FARP

Autoimmune Retinopathy Panel by  
Immunoblot (ARP)

| Result ID | Test Result Name                      | Result LOINC® Value |
|-----------|---------------------------------------|---------------------|
| FARP      | Autoimmune Retinopathy Panel<br>(ARP) | Not Provided        |