

Overview**Special Instructions**

- [Ocular Immunology Test Request](#)

Method Name

Immunoblot

NY State Available

No

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
Lipemia:	NA
Icterus:	NA
Other:	NA

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Varies	Refrigerated	7 days	

Clinical and Interpretive**Reference Values**

A final report will be provided.

Performance**PDF Report**

Referral

Performing Laboratory Location

Ocular Immunology Laboratory OHSU

Fees and 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 Regional Manager. For assistance, contact [Customer Service](#).

CPT Code Information

84182 x 8

LOINC® Information

Test ID	Test Order Name	Order LOINC Value
FABAA	Anti-bestrophin Autoantibodies	Not Provided

Result ID	Test Result Name	Result LOINC Value
FABAA	Anti-bestrophin Autoantibodies	Not Provided