MAYO CLINIC LABORATORIES

Test Definition: FARP

Autoimmune Retinopathy Panel by Immunoblot (ARP)

Overview

Special Instructions

- OHSU Requisition Form

Method Name

Immunoblot

NY State Available

No

Specimen

Specimen Type

Varies

Specimen Required

Submit the following required information 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.

Submit only 1 of the following specimens:

Specimen Type: Serum
Collection Container/Tube:
Preferred: Red top
Acceptable: Serum gel
Submission Container/Tube: Plastic vial
Specimen Volume: 5 mL Serum
Collection Instructions:

1. Centrifuge and aliquot serum into a plastic vial.
2. Send refrigerate.

Specimen Type: Plasma
Collection Container/Tube: Lavender top (EDTA)
Submission Container/Tube: Plastic vial

Specimen volume: 5 mL Plasma

Collection Instructions:

1. Centrifuge and aliquot plasma into a plastic vial.
2. Send refrigerate.

Specimen Minimum Volume

3 mL

Reject Due To

Hemolysis	Reject

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Varies	Refrigerated	7 days	

Clinical & Interpretive

Clinical Information

Refer to www.ohsu.edu/casey-eye-institute/ocular-immunology-lab.

Reference Values

An interpretive 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.

Test Classification

This test was developed and its performance characteristics determined by Ocular Immunology Laboratory OHSU. It has not been approved by the U.S. Food and Drug Administration.

CPT Code Information

84182 x 8

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
FARP	Autoimmune Retinopathy Panel (ARP)	Not Provided

Result ID	Test Result Name	Result LOINC® Value
FARP	Autoimmune Retinopathy Panel (ARP)	Not Provided