

Reporting Title: Anti-Retinal Autoantibody, WB**Performing Location:** Ocular Immunology Laboratory OHSU**Specimen Requirements:**

Note: This test should only be ordered as follow up to previous Anti-retinal autoantibodies performed at Oregon Health Sciences University (OHSU) Ocular Immunology Laboratory.

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

Specimen Type	Temperature	Time	Special Container
Varies	Refrigerated	7 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
FARWB	Anti-Retinal Autoantibody, WB	Numeric		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 attached in MayoAccess.