

**Reporting Title:** Anti-optic nerve autoantibodies, WB**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 Minimum Volume:**

3 mL

Specimen Type	Temperature	Time	Special Container
Varies	Refrigerated	7 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
FONS	Anti-optic nerve autoantibodies, WB	Alphanumeric		Not Provided

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

Referral

**CPT Code Information:**

84181

**Reference Values:**

A final report will be provided.