

Overview

Special Instructions

- [OHSU Requisition Form](#)

Method Name

Western Blot (WB)

NY State Available

Yes

Specimen

Specimen Type

Varies

Specimen Required

**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:

- Completed OHSU Ocular request form
- Clinical history
- 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 attached in MayoAccess.

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

LOINC® Information

| Test ID | Test Order Name | Order LOINC® Value |
|---------|-----------------|--------------------|
|---------|-----------------|--------------------|

# Test Definition: FARWB

Anti-retinal autoantibodies follow up, WB

|       |                               |              |
|-------|-------------------------------|--------------|
| FARWB | Anti-Retinal Autoantibody, WB | Not Provided |
|-------|-------------------------------|--------------|

| Result ID | Test Result Name              | Result LOINC® Value |
|-----------|-------------------------------|---------------------|
| FARWB     | Anti-Retinal Autoantibody, WB | Not Provided        |