

## Overview

### Special Instructions

- [OHSU Requisition Form](#)

### Method Name

Western blot

### NY State Available

Yes

## 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

**Specimen Stability Information**

Specimen Type	Temperature	Time	Special Container
Varies	Refrigerated	7 days	

**Clinical & Interpretive****Reference Values**

A final 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](#).

**CPT Code Information**

84181

**LOINC® Information**

Test ID	Test Order Name	Order LOINC® Value
FONS	Anti-optic nerve autoantibodies, WB	Not Provided

Result ID	Test Result Name	Result LOINC® Value
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## Test Definition: FONS

Western blot for anti-optic nerve autoantibodies in the serum

FONS	Anti-optic nerve autoantibodies, WB	Not Provided
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