



**Ocular Immunology Laboratory, Oregon Health & Science University**

**Biomedical Research Building, Room 253, 3181 SW Sam Jackson Park Road  
Portland, OR 97239, USA**

**503-418-2543 (Phone)/ 503-418-2541 (FAX)**

**CLIA#38D1045259**

Ocular Immunology Laboratory at Oregon Health & Science University offers the following anti-retinal autoantibody tests for CAR, MAR, Autoimmune Retinopathy and anti-optic nerve autoantibodies for Optic Neuropathy in serum and fluids

**Current prices effective 8/1/2014**

<b>TEST NAME</b>	<b>CPT CODE</b>	<b>TEST COST</b>
<b>Western blot for anti-retinal autoantibodies, including anti-enolase and anti-recoverin autoantibodies</b>	<b>84182-GY</b>	<b>\$495</b>
<b>Western blot for anti-retinal autoantibodies in ocular fluids</b>	<b>84182-GY</b>	<b>\$495</b>
<b>Immunohistochemistry for anti-retinal autoantibodies</b>	<b>88342-GY</b>	<b>\$300</b>
<b>Western blot for anti-optic nerve autoantibodies in the serum</b>	<b>84182-GY</b>	<b>\$330</b>
<b>Western blot for anti-optic nerve autoantibodies in CSF</b>	<b>84182-GY</b>	<b>\$330</b>

**INSURANCE WILL NOT BE BILLED.**



## Ocular Immunology Laboratory

Casey Eye Institute - BRB, Room 253

Mail code: L467

3181 SW Sam Jackson Park Road

Portland, OR 97239, USA

Lab 503-418-2543; Fax 503-418-2541

### Charge Authorization

I authorize the Ocular Immunology Laboratory to charge my credit card for

- Western Blot for anti-retinal antibodies-\$495
- Western Blot for anti-optic nerve antibodies-\$330
- IHC for anti-retinal antibodies-\$300

Cardholder Name \_\_\_\_\_

Credit Card  Visa  Master Card

Card Number \_\_\_\_\_ Expires \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Please fax signed form to 503-418-2541

Or email to [adamusg@ohsu.edu](mailto:adamusg@ohsu.edu)

The information contained in this message is confidential and protected by law. The information is intended only for the person or business identified in the document. If you are not the intended recipient, a sharing, printing, storing or copying of the information will result in a violation of the law. If you have received this message by mistake, please notify the sender.

# OCULAR IMMUNOLOGY LABORATORY SERVICES

CLIA#38D1045259

## HOW TO ORDER A TEST

For Cancer-Associated Retinopathy (CAR), Melanoma-Associated Retinopathy (MAR), and Autoimmune Retinopathy in Serum and/or ocular fluids:

Western blot for anti-retinal autoantibodies, which includes anti-enolase, anti-recoverin, and other autoantibodies in the serum

Western blot for anti-retinal autoantibodies, which includes anti-enolase and anti-recoverin autoantibodies in ocular fluids (vitreous, subretinal fluid)

Immunohistochemistry for anti-retinal autoantibodies

Western blot for anti-optic nerve autoantibodies in the serum

Western blot for anti-optic nerve autoantibodies in CSF

For Autoimmune Optic Neuropathy in Serum and/or CerebroSpinal Fluid

Western blot for anti-optic nerve autoantibodies in the serum

Western blot for anti-optic nerve autoantibodies in CSF

Complete the Test Requisition Form that must include:

Patient's name, gender and birthday

Specimen collection date

Referring clinic/physician name and contact information, including fax number

Clinical history and findings

Test requested

Pre-payment – we accept check or credit card; we do not bill insurance

A specimen will not be processed without a fully completed requisition form

## SPECIMEN REQUIREMENTS

Please do not send whole blood

Serum (3 to 5 ml) or fluids (0.5 ml) is required for testing

Whole blood is collected to 2 medium size red top tubes and spin to obtain serum. Do not freeze whole blood

Serum can be stored in a refrigerator no longer than 7 days until shipping

Specimen can be shipped refrigerated with cold packs or at ambient temperature together with the complete test requisition form and pre-payment by overnight mail to:

Dr. Grazyna Adamus

Ocular Immunology Laboratory, OHSU

Biomedical Research Building, Room 253

3181 SW Sam Jackson Park Road

Portland, OR 97239, USA

503 418-2543 Lab Phone

503 418-2541 Fax

Anticipated turnaround time for routine cases is two to four weeks.

**CURRENT PRICE LIST EFFECTIVE 8/1/2014 (INSURANCE WILL NOT BE BILLED)**

- Western blot for anti-retinal autoantibodies, including anti-enolase and anti-recoverin autoantibodies      • 84182-GY      • \$495
- Western blot for anti-retinal autoantibodies in ocular fluids      • 84182-GY      • \$495
- Immunohistochemistry for anti-retinal autoantibodies

<http://www.ohsu.edu/xd/health/services/casey-eye/diagnostic-services/ocular-immunology-lab/services.cfm>

9/9/2014