TEST REQUISITION

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)

WE DO NOT BILL INSURANCE, NOR TAKE PT CALLS

Data of Disability of the state	First Name
Date of Birth (Month/day/year)	Gender
Date Collected	Received Date
Ocular Immunology Accession #_	
	HYSICIAN Name
Street:	
City:	St:Zip:
Phone:	Fax:
Referring Physician Name:	
DC-9 Diagnosis Code	Date of Onset
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Check # redit Card: [] Visa or [] Master ardholder Name ardholder Signature ard Number STREQUESTED Western blot for anti-retinal and	Expires /
EQUIRED PRE-PAYMENT - Me Check # redit Card: [] Visa or [] Master ardholder Name ardholder Signature ard Number ST REQUESTED Western blot for anti-retinal ant Western blot for anti-retinal ant	ibodies (CAR, MAR, Autoimmune Retinopathy); \$495
EQUIRED PRE-PAYMENT - Me Check # redit Card: [] Visa or [] Master ardholder Name ardholder Signature ard Number ST REQUESTED Western blot for anti-retinal ant Western blot for anti-retinal ant Immunohistochemistry for anti-	ibodies (CAR, MAR, Autoimmune Retinopathy); \$495
EQUIRED PRE-PAYMENT - Me Check # redit Card: [] Visa or [] Master ardholder Name ardholder Signature ard Number ST REQUESTED Western blot for anti-retinal ant Western blot for anti-retinal ant Immunohistochemistry for anti-	ibodies (CAR, MAR, Autoimmune Retinopathy); \$495 retinal antibodies (CAR, MAR, Autoimmune Retinopathy); \$300

FROM: BOULAR IMMUNOLOGY FAX NO.: 5034182541 Dec. 29 2014 01:40PM P2

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

TEST NAME	CPT CODE	TEST COST
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	88342-GY	\$300
Western blot for anti-optic nerve autoantibodies in the serum	84182-GY	\$330
Western blot for anti-optic nerve autoantibodies in CSF	84182-GY	\$330

INSURANCE WILL NOT BE BILLED.

FROM: BCULAR IMMUNOLOGY FAX NO.: 5034182541 Dec. 29 2014 01:41PM P3



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

EUX NO: : 2034185241

Dec. 29 2014 01:41PM P4

FROM : BCULAR IMMUNOLOGY

OCULAR IMMUNOLOGY LABORATORY SERVICES

~~LIA#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-enclase, anti-recoverin, and other autoantibodies in the serum

Western blot for anti-retinal autoantibodies, which includes anti-enclase and anti-recovering 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 84182-GY autoantibodies, including
 - anti-enolase and antirecoverin autoantibodies
- Western blot for anti-retinal autoantibodies in ocular fluids
- 84182-GY
- \$495

\$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

Dec. 29 2014 01:42PM PS

LUX NO': 2034185241 FROM: BCULAR IMMUNOLOGY