

Reporting Title: Anti-Retinal Autoantibody, IHC**Performing Location: OHSU Ocular Immunology Laboratory****Specimen Requirements:**

Submit one of the following:

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 Type	Temperature	Time
Varies	Refrigerated (preferred)	14 days
	Ambient	24 hours

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
FARHC	Anti-Retinal Autoantibody, IHC	Numeric		In Process

CPT Code Information:

88342

Reference Values:

An interpretive report will be faxed or mailed under separate cover.

Test Performed by: Oregon Health and Science University
Ocular Immunology Laboratory
Casey Eye Institute, BRB Room 253
3181 SW Sam Jackson Road
Portland, OR 97239