MAYO CLINIC LABORATORIES

Test Definition: FONS
Western blot for anti-optic nerve
autoantibodies in the serum

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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

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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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| FONS | Anti-optic nerve autoantibodies, WB | Not Provided |