



## Ocular Immunology Laboratory

Casey Eye Institute – BRB, Room 253

Mail code: L467

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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)

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