



CASEY EYE
Institute

Ocular Immunology Laboratory

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

Charge Authorization

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

Checkmark	ANTIBODY TESTING AVAILABLE	TEST COST
	Autoimmune Retinopathy Panel by Immunoblot	\$640
	CAR Panel by Immunoblot and IHC	\$680
	MAR Panel by Immunoblot and IHC	\$520
	Anti-bestrophin Autoantibodies	\$80
	AMD Panel by Immunoblot	\$400
	Western blot for anti-retinal autoantibodies	\$550
	Western blot for anti-optic nerve autoantibodies in the serum	\$350
	Western blot for anti-optic nerve autoantibodies in CSF	\$350

Patient's Name _____

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Please fax signed form to 503-418-2541 Or email to adamusg@ohsu.edu
