**Ocular Immunology Laboratory**
Lamfrom Biomedical Research
Building, Room 253
3181 SW Sam Jackson Park Road,
Portland, OR 97239, USA
503-418-2543 (Phone)
503-418-2541 (FAX)

# 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 | **$737** |
| | CAR Panel by Immunoblot and IHC | **$895** |
| | MAR Panel by Immunoblot and IHC | **$684** |
| | Anti-bestrophin Autoantibodies | **$95** |
| | AMD Panel by Immunoblot | **$463** |
| | Western blot for anti-retinal autoantibodies | **$684** |
| | Western blot for anti-optic nerve autoantibodies in the serum | **$405** |
| | Western blot for anti-optic nerve autoantibodies in CSF | **$405** |

Patient's Name_____ contact phone number_____

Cardholder Name_____

Credit Card [] Visa [] Master Card Billing zip code_____

Card Number_____ Expires_____

Cardholder Signature_____

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