



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	\$700
	CAR Panel by Immunoblot and IHC	\$850
	MAR Panel by Immunoblot and IHC	\$650
	Anti-bestrophin Autoantibodies	\$90
	AMD Panel by Immunoblot	\$440
	Western blot for anti-retinal autoantibodies	\$650
	Western blot for anti-optic nerve autoantibodies in the serum	\$385
	Western blot for anti-optic nerve autoantibodies in CSF	\$385

Patient's Name _____

Cardholder Name _____

Credit Card Visa Master Card

Billing zip code _____

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Cardholder Signature _____

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