

[Revised 01/04/12]

**OKLAHOMA MEDICAL RESEARCH FOUNDATION  
CLINICAL IMMUNOLOGY LABORATORY**

825 N.E. 13th Street, T-1129  
Oklahoma City, OK 73104  
www.omrf.org

CAP# 20361-01-01

Lab (405) 271-7771  
Billing (405) 271-7395

CLIA#37D0713186

_____	LUPUS SCREEN (Reichlin Profile) [2ml serum] Consists of the following:	\$155.00
_____	ANA on HEP-2 (+ \$20.00 for titer)	30.00
_____	Anti dsDNA by Crithidia (+ \$20.00 for titer)	50.00
_____	ENA for SLE, Sjogren's, Myositis, Scleroderma (Ro, La, Sm, nRNP, P, Jo-1, Mi-2 or PmScl)	75.00

**OTHER TESTS**

_____	Anti CCP [1 ml serum]	80.00
_____	Anti Scl-70 [1 ml serum]	85.00
_____	CH-50 Total Hemolytic Complement [1 ml serum frozen]	50.00
_____	ANCA Profile-includes ANCA by IFA plus [1 ml serum] PR3 and MPO ELISAS	100.00
_____	Cryoglobulins [2 ml serum, 37° C until separated] Quantitation and Characterization if positive	30.00 65.00
_____	Anti Phospholipid Antibody (aPL) by ELISA [1 ml serum] (Anti Cardiolipin Antibody)	125.00
_____	Myositis Antibody Profile [2 ml serum] 12 autoantibody determinations – takes 6-8 weeks (EJ, JO, KU, Mi-2, OJ, PL-7, PL-12, PM-SCL, U1RNP, RO, SRP, U2RNP)	300.00
_____	U3RNP by Immunoprecipitation	75.00
_____	RNA Poly I, II, III by Immunoprecipitation	75.00
_____	TH/TO by Immunoprecipitation	75.00
_____	P155/140 by Western Blot	150.00

Specimen Collection Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Diagnosis: _____	DOB: _____	MI	Sex: _____
Pt. Facility#: _____	Ins Pol#: _____		
MD Name: _____	Ins Grp#: _____		
NPI: _____	Medicare: _____		
Phone: _____	Bill To: _____		

Physician/Facility Address

Patient Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE SEND COPY OF PT'S INSURANCE CARD IF AVAILABLE!!!**