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| \*\*\*\*\*All tests require 1-2mL serum at room temperature unless special conditions are indicated in **[brackets]** \*\*\*\*\* |
| **OMRF Clinical Immunology** (allow 5-7 working days for results) |
|  | Lupus Screen (Reichlin Profile)  | $155.00 |
|  |  ANA by HEP-2 (+$20.00 for titer if positive) | $30.00 |
|  |  Anti-dsDNA by Crithidia (+$20.00 for titer if positive) | $50.00 |
|  |  Extractable Nuclear Antibody responses by precipitin for SLE, Sjogren's, Myositis, Scleroderma (Ro, La, Sm, nRNP, P, Jo-1, Mi-2, PmScl) | $75.00 |
|  | Anti-CCP by ELISA | $80.00 |
|  | Anti-SCL70 (anti-topoisomerase) by precipitin | $85.00 |
|  | ANCA Profile - ANCA by IFA, PR3 and MPO by ELISA | $100.00 |
|  | Cryoglobulins **[No SST, 37°C until separated]** | $30.00 |
|  | If positive, quantitation and characterization (anti-IgG, IgM, IgA, Kappa, Lambda) | $65.00 |
|  | Dense Fine Speckled 70 by ELISA (DFS70) | $35.00 |
|  | Anti-phospholipid/anti-cardiolipin (aCL) by ELISA (IgG, IgM, IgA) | $125.00 |
| **OMRF Myositis Laboratory** (allow 6-8 weeks for results) |  |
|  | Traditional Myositis Autoantibody Profile | $350.00 |
|  | Jo-1, PL7, PL12, EJ, OJ, SRP, Mi-2, PMScl, Ku, Ro60, U1RNP, U2RNP |  |
|  | Comprehensive Myositis Autoantibody Profile | $490.00 |
|  | Jo-1, PL7, PL12, EJ, OJ, SRP, Mi-2, PMScl, Ku, Ro60, U1RNP, U2RNP, p155/140 (TIF1g), MJ (NXP2), caDM140 (MDA5) |  |
|  | Scleroderma Autoantibody Profile | $280.00 |
|  | anti-Centromere by IFA, anti-SCL-70 by Immunodiffusion, IPP for anti-RNA Polymerase, U3RNP, PM-SCL, U1RNP, KU, TH/TO |  |
|  | Individual Autoantibody Testing by Immunoprecipitation-blotting | $200.00/ea |
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|  | p155/140 (TIF1g) |  | MJ (NXP2) |  | caDM140 (MDA5) |

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|  | Individual Autoantibody Testing by Immunoprecipitation | $150.00/ea |
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|  | Jo-1 |  | OJ |  | Ku |  | Th/To |
|  | PL7 |  | SRP |  | Ro60 |  | U3RNP |
|  | PL12 |  | Mi-2 |  | U1RNP |  | RNA-poly (1,2,3) |
|  | EJ |  | PMScl |  | U2RNP |  |  |

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| Specimen Collection Date: | \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_ |
| Patient Name: |  |  |  |
|  | LAST | FIRST | MI |
| **Diagnosis:** |  |  | DOB: | \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_ | Sex: M F |
| Pt. Facility# |  |  | Ins Pol#: |  |
| MD Name: |  |  | Ins Grp#: |  |
| NPI: |  |  | Medicare: |  |
| Phone: |  |  | Bill To: |  |

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| **Physician/Facility Address/FAX NUMBER** |  | **Patient Address** |
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