# OKLAHOMA MEDICAL RESEARCH FOUNDATION
# CLINICAL IMMUNOLOGY LABORATORY

825 N.E. 13th Street, MC-109
Oklahoma City, OK 73104
Clinical Lab: (405) 271-7771
Myositis Lab: (405) 271-7397
Billing: (405) 271-6670, x34603

*****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)

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|---|---|---|
| ❑ | 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)

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|---|---|---|
| ❑ | Traditional Myositis Autoantibody Profile<br>Jo-1, PL7, PL12, EJ, OJ, SRP, Mi-2, PMScl, Ku, Ro60, U1RNP, U2RNP | $350.00 |
| ❑ | Comprehensive Myositis Autoantibody Profile<br>Jo-1, PL7, PL12, EJ, OJ, SRP, Mi-2, PMScl, Ku, Ro60, U1RNP, U2RNP, p155/140 (TIF1g), MJ (NXP2), caDM140 (MDA5) | $490.00 |
| ❑ | Scleroderma Autoantibody Profile<br>anti-Centromere by IFA, anti-SCL-70 by Immunodiffusion, IPP for anti-RNA Polymerase, U3RNP, PM-SCL, U1RNP, KU, TH/TO | $280.00 |
| | Individual Autoantibody Testing by Immunoprecipitation-blotting<br>❑ p155/140 (TIF1g) ❑ MJ (NXP2) ❑ caDM140 (MDA5) | $200.00/ea |
| | Individual Autoantibody Testing by Immunoprecipitation<br>❑ Jo-1 ❑ OJ ❑ Ku ❑ Th/To<br>❑ PL7 ❑ SRP ❑ Ro60 ❑ U3RNP<br>❑ PL12 ❑ Mi-2 ❑ U1RNP ❑ RNA-poly (1,2,3)<br>❑ EJ ❑ PMScl ❑ U2RNP | $150.00/ea |

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: _____

**Physician/Facility Address/FAX NUMBER**

_____
_____
_____

**Patient Address**

_____
_____
_____

*****PLEASE SEND FRONT AND BACK COPY OF PATIENT'S INSURANCE CARD*****