



**Stephen D. Anesi, MD, FACS**  
*Partner and Co-President*

**Peter Y. Chang, MD, FACS**  
*Partner and Co-President*

**Peter L. Lou, MD**  
*Associate*

---

Dear Colleagues:

If you are interested in sending specimens to the laboratory at MERSI for O.C.T. processing for immunochemistry study, please do the following way (1 or 2):

1. Please be sure to provide us enough size of specimen (at least 3x5 mm<sup>2</sup>) with patient's brief clinical information.
2. Immerse the specimen in the ZEUS fixative solution for no more than five days. Keep it at 4°C. Afterward, the specimen can be sent to us via express mail service in the ZEUS fixative solution. We will then embed it in Tissue-Tek O.C.T. compound for cryostat sectioning.
3. You may get ZEUS fixative solution from: "ZEUS Scientific"  
Cat. 0102  
Tel: 1-800-286-2111 Option 2  
Website: [www.zeusscientific.com](http://www.zeusscientific.com)
4. Alternatively, the specimen can be snap-frozen with Liquid Nitrogen immediately after cutting the tissue. This frozen specimen can then be embedded in Tissue-Tek Compound (O.C.T.). It should always be kept at -80°C, and then it can be sent to us on **sufficient** dry ice by overnight mailing.
5. You may get (O.C.T.) from:  
"Richard-Allan Scientific"  
Name-Frozen section medium  
Cat. 6502  
Tel: 800-522-7270
6. Print Requisition Form  
Complete and mail with specimen

---

**Massachusetts Eye Research and Surgery Institution**

**Appointments:** (781) 891-6377 | **Toll Free:** (866) 353-6377 | **Fax:** (781) 647-1430

1440 Main Street, Suite 201, Waltham, MA 02451

**MERSI.COM | UVEITIS.ORG**



**Stephen D. Anesi, MD, FACS**  
*Partner and Co-President*

**Peter Y. Chang, MD, FACS**  
*Partner and Co-President*

**Peter L. Lou, MD**  
*Associate*

---

7. Send to attn.: Dr. Tongzhen Zhao (to address above). Before sending out the specimen, please contact Dr. Zhao (email: [tzhao@mersi.com](mailto:tzhao@mersi.com)) to notify her and confirm her availability. Our lab is closed on Saturdays and Sundays, so please refrain from sending it on Fridays.

If you have any questions, please contact Scott Evans at (781) 891-6377 or [sevens@mersi.com](mailto:sevens@mersi.com).

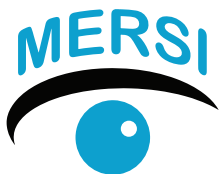
---

**Massachusetts Eye Research and Surgery Institution**

**Appointments:** (781) 891-6377 | **Toll Free:** (866) 353-6377 | **Fax:** (781) 647-1430

1440 Main Street, Suite 201, Waltham, MA 02451

**MERSI.COM | UVEITIS.ORG**



**Stephen D. Anesi, MD, FACS**  
*Partner and Co-President*

**Peter Y. Chang, MD, FACS**  
*Partner and Co-President*

**Peter L. Lou, MD**  
*Associate*

**Carl S. Wilkins, MD**  
*Associate*

---

Diagnostic Services Available.

**1. Routine Histopathology:** In addition to the standard Haematoxylin and Eosin (H&E), Periodic acid-Schiff (PAS), and Giemsa staining, we use plastic embedding which is cut with glass knife to achieve very thin (0.1-0.2 micron) section of the ocular tissue.

## **2. Immunopathology**

**a. Immunofluorescence:** This can be done for both conjunctival and scleral specimens. Staining is done for IgA, IgG, IgD, IgM, IgE, C3, C4, albumin (negative control), fibrinogen (positive control), and type IV collagen (positive control) to ensure high sensitivity and specificity in tissue diagnosis. In addition, immunofluorescent staining for anti-HSV and anti-VZV antibodies can be performed when a herpetic cause of conjunctivitis or scleritis is suspected.

**b. Immunoperoxidase:** This is only done on conjunctival specimen if the immunofluorescence result is equivocal.

Instructions for Specimen Submission: Please follow one of these procedures for tissue submission.

If you live in California, Florida, Maryland, New York, Pennsylvania, or Rhode Island, please call Scott Evans at 617-620-8033 before submitting specimens.

If your patient has the following insurance, please contact MERSI directly before sending specimen samples:

- Ambetter from CeliCare
- BMC
- Celtic Care
- Commonwealth Care Alliance
- Empire NY
- Free Care – HSN/Partial HSN

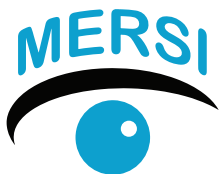
---

**Massachusetts Eye Research and Surgery Institution**

**Appointments:** (781) 891-6377 | **Toll Free:** (866) 353-6377 | **Fax:** (781) 647-1430

1440 Main Street, Suite 201, Waltham, MA 02451

**MERSI.COM | UVEITIS.ORG**



**Stephen D. Anesi, MD, FACS**  
*Partner and Co-President*

**Peter Y. Chang, MD, FACS**  
*Partner and Co-President*

**Peter L. Lou, MD**  
*Associate*

**Carl S. Wilkins, MD**  
*Associate*

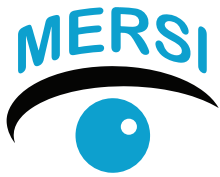
---

- FCHP
- GHI
- Golden Rule
- Kaiser Permanente
- Minuteman Health
- Optum Care
- Oxford Liberty
- International Insurance Plans
- Any form of Medicaid

For questions regarding insurance, please contact:

Ferida Tadic – MERSI Director of Operations: 781-891-6377

Ione Villafane – MERSI Supervisor of Billing and Surgical Scheduling: 781-891-6377



**Stephen D. Anesi, MD, FACS**  
*Partner and Co-President*

**Peter Y. Chang, MD, FACS**  
*Partner and Co-President*

**Peter L. Lou, MD**  
*Associate*

**Carl S. Wilkins, MD**  
*Associate*

MERSI IMMUNOPATHOLOGY LAB  
1440 Main Street, Suite 201  
Waltham, MA 02451  
(Phone) 781-891-6377 (Fax) (781) 647-1430

## TEST REQUISITION FORM

### PATIENT INFORMATION

### PHYSICIAN INFORMATION

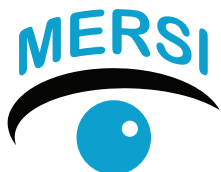
Patient Name:	Physician Name:
Patient ID#:	Institution:
DOB: SEX:	Address:
Insurance Company Name:	
Insurance ID:	
Subscriber Name: DOB:	
Self Pay: Circle One – Y N	
Credit Card Name:	
Credit Card Number:	
Credit Card Exp Date:	
Lab Accession #:	
Collection Date: Time:	Phone: FAX:
Specimen Type:	
Clinical History:	Physician Signature:
	Physician Name (printed):
Diagnosis:	Date Signed:

### Massachusetts Eye Research and Surgery Institution

**Appointments:** (781) 891-6377 | **Toll Free:** (866) 353-6377 | **Fax:** (781) 647-1430

1440 Main Street, Suite 201, Waltham, MA 02451

**MERSI.COM | UVEITIS.ORG**



**Stephen D. Anesi, MD, FACS**  
*Partner and Co-President*

**Peter Y. Chang, MD, FACS**  
*Partner and Co-President*

**Peter L. Lou, MD**  
*Associate*

**Carl S. Wilkins, MD**  
*Associate*

TESTS REQUESTED	
<b>Tests</b> <ul style="list-style-type: none"><li><input type="checkbox"/> H&amp;E</li><li><input type="checkbox"/> PAS</li><li><input type="checkbox"/> Giemsa</li><li><input type="checkbox"/> Immunofluorescence</li><li><input type="checkbox"/> Immunoperoxidase</li><li><input type="checkbox"/> Indirect Immunofluorescence</li></ul>	<b>Comments</b>
<b>SPECIMEN DELIVERY ADDRESS</b>	<b>CLINICAL LAB USE ONLY</b>
Send samples <b>OVERNIGHT</b> on cold packs to: <b>MERSI IMMUNOPATHOLOGY LAB</b> <b>ATT: Dr. Tongzhen Zhao</b> <b>1440 Main Street, Suite 201</b> <b>Waltham, MA 02451</b>  Call lab @ 78.1-891-6377 prior to sending (ask for Dr. Zhao) See instructions for fixing tissue attached <b>Ship samples only Monday through Thursday</b>	Date received: _____ Time: _____
	Specimen Type: _____
	Report Date: _____
	Sample Condition: _____
	Comments: _____
CLIA # 22D2017227	DIRECTOR: Dr. Stephen Lyle

**Massachusetts Eye Research and Surgery Institution**

**Appointments:** (781) 891-6377 | **Toll Free:** (866) 353-6377 | **Fax:** (781) 647-1430

1440 Main Street, Suite 201, Waltham, MA 02451

**MERSI.COM | UVEITIS.ORG**