



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 specimen 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 mm²) 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
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

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7. Send to attn.: Dr. Tongzhen Zhao (to address above). Before sending out the specimen, please contact Dr. Zhao (by email: tzhao@mersi.com) to notify her and confirm that she will be available. Our lab is closed on Saturday and Sunday, so please avoid sending it on Friday.

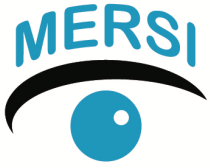
If you have any questions, please contact Mirela Boyarin, our Director of Corporate Development and Strategy, at (781) 901-9105 or mboyarin@mersi.com.

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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:

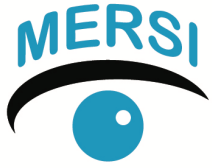
- Ambetter from CeliCare
- BMC
- Celtic Care
- Commonwealth Care Alliance
- Empire NY
- Free Care – HSN/Partial HSN

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- 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

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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:	

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

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