MERSI

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

Dear Colleagues:

If you are interested in sending a specimen to the laboratory at MERSI for O.C.T. processing for an immunochemistry study, please do so in the following way:

1. Please be sure to provide us with a specimen of sufficient size (at least 3x5 mm^2) with the 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, you may send the specimen to us via express mail 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 -80^0C, 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
7. Send to attn.: Tracey Sciuto (to address above). Before sending out the specimen, please contact Tracey (by email: tsciuto@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 Tracey Sciuto, our pathology lab technician, at (781) 891-6377 or tsciuto@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

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Diagnostic Services Available.

1. **Routine Histopathology:** In addition to the standard Hematoxylin and Eosin (H&E), Periodic Acid-Schiff (PAS), and Giemsa staining, we use plastic embedding, which is cut with a glass knife to achieve very thin (0.1-0.2 micron) sections 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 CeltiCare
- BMC
- Celtic Care
- Commonwealth Care Alliance
- Empire NY

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- Free Care – HSN/Partial HSN
- 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 ☐ H&E ☐ PAS ☐ Giemsa ☐ Immunofluorescence ☐ Immunoperoxidase ☐ Indirect Immunofluorescence	**Comments**
SPECIMEN DELIVERY ADDRESS	**CLINICAL LAB USE ONLY**
Send samples ***OVERNIGHT*** on cold packs to: **MERSI IMMUNOPAYHOLOGY LAB** **ATT: Tracey Sciuto** **1440 Main Street, Suite 201** **Waltham, MA 02451** Call lab @ 78.1-891-6377 prior to sending (ask for Tracey) See instructions for fixing tissue attached ***Ship samples only Monday through Thursday***	Date received: Time: Specimen Type: Report Date: Sample Condition: Comments:
CLIA # 22D2017227	DIRECTOR: Dr. Stephen Lyle

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