



umcg

Laboratory Immunodermatology  
Dr. G.F.H. Diercks, head laboratory  
www.immunoderma.org

Immunofluorescence diagnostics:  
g.f.h.diercks@umcg.nl

Immunoassays:  
j.bremer@umcg.nl

**Application form Serology Bullous Dermatoses**

DATA PATIENT

citizen service number  
patient number  
name, m/f  
birth date  
address  
postal code  
residence  
insurance  
insurance number

SHIPPING ADDRESS

UMCG  
Laboratorium Immunodermatologie  
Huispostcode EA50  
Hanzeplein 1  
9713 GZ Groningen  
Tel +31 - 50 – 3612871 / 3613552  
Email: [labimmunodermatologie@umcg.nl](mailto:labimmunodermatologie@umcg.nl)

TO BE FILLED IN BY THE PHYSICIAN

Treating physician  
Telephone  
Hospital  
Collection date

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-

RESULT AND DECLARATION SEND TO:

CLINIC

**BLOOD COLLECTION: SERUM OF 10 ML CLOTTED BLOOD,**  
can be sent unrefrigerated.

Location lesions:  Skin  Mucous membranes

Other relevant information and DD:

\* The diagnostic package offered includes IIF on multiple substrates, various ELISAs and immunoblot. For an optimal choice from this package, a good description of the clinical abnormalities and differential diagnosis is essential.

\* In view of the occurrence of disorders with minimal circulating quantities of antibodies, we recommend that you also submit a biopsy for optimal diagnosis (see our biopsy form).

\* Further information about our diagnostic package can be obtained by telephone:  
Dr. J. Bremer +31-50-3613982  
Dr. G.F.H. Diercks +31-50-3610403

The patient has indicated that he / she objects to the use of his / her data and material for research purposes.

DIFFERENTIAL DIAGNOSIS

- pemphigus  dermatitis herpetiformis
- pemphigoid  paraneoplastic pemphigus
- other

TO BE FILLED IN BY LABORATORY IMMUNODERMATOLOGY

Datum ontvangst

Serumnummer

Aanvr. afd. code

Paraaf




Pathologie en Medische Biologie  
Laboratorium Immunodermatologie

