



umcg

Laboratory Immunodermatology  
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www.immunoderma.org

Immunofluorescence diagnostics:  
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Genodermatoses:  
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Application form BIOPSY immunofluorescence diagnostics

DATA PATIENT

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

SHIPPING ADDRESS

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Laboratorium Immunodermatologie  
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RESULT AND DECLARATION SEND TO:

TO BE FILLED IN BY THE PHYSICIAN

Physician   
Telephone   
Hospital   
Collection date  -  -

HISTORY

Clinical DD / relevant data (including medication):

TRANSPORT MEDIUM

saline  liq. N<sub>2</sub>  Michel fix.  other

1) Biopsy nr.   
Location   
perilesional    lesional    healthy  
skin                           
mucosa                        

2) Biopsy nr.   
Location   
perilesional    lesional    healthy  
skin                           
mucosa                        

3) Biopsy nr.   
Location   
perilesional    lesional    healthy  
skin                           
mucosa                        

ADDITIONAL INFORMATION

- 1. anesthesia: preferable lidocaine or similar
- 2. biopsy(s): preferable 4 mm punch biopsy

Indication IF biopsies:

- \*blistering diseases: perilesional & healthy (upper arm)
- \*lichen planus: lesional (papule; mucosa)
- \*collagen diseases: old lesion & healthy (wrist dorsal)
- \*vasculitis: fresh lesion (lower leg)
- cave: do not biopsy an erosion, excoriation or necrotic lesion for IF

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

TO BE FILLED IN BY LABORATORY IMMUNODERMATOLOGY

Datum ontvangst   
Aanvr. afd. code   
Paraaf



Pathologie en Medische Biologie  
Laboratorium Immunodermatologie

