



umcg

Laboratory Immunodermatology
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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

Large dotted area for patient data entry.

SHIPPING ADDRESS

UMCG
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RESULT AND DECLARATION SEND TO:

Empty box for result and declaration destination.

TO BE FILLED IN BY THE PHYSICIAN

Physician
Telephone
Hospital
Collection date

HISTORY

Clinical DD / relevant data (including medication):

Large empty box for clinical history and medication.

TRANSPORT MEDIUM

saline liq. N₂ 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

Location lesions: Skin Mucous membranes

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
Paraaf

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Pathologie en Medische Biologie
Laboratorium Immunodermatologie

