

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
The Netherlands
Tel +31 - 50 - 3612871 / 3613552
Email: labimmunodermatologie@umcg.nl

TO BE FILLED IN BY THE PHYSICIAN

Treating physician
Telephone
Hospital
Collection date - -

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

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> pemphigus | <input type="checkbox"/> dermatitis herpetiformis |
| <input type="checkbox"/> pemphigoid | <input type="checkbox"/> paraneoplastic pemphigus |
| <input type="checkbox"/> other | <input type="checkbox"/> salt split only |

Document 47307, version 5

TO BE FILLED IN BY LABORATORY IMMUNODERMATOLOGY

Date of receipt

Serumnumber

Initials