

## 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

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

### RESULT AND DECLARATION SEND TO:

### TO BE FILLED IN BY THE PHYSICIAN

Physician   
Telephone   
Hospital   
Collection date  -  -

### HISTORY

Clinical DD / relevant data (including medication):

Location lesions:  Skin  Mucous membranes

### TRANSPORT MEDIUM

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

1) Biopsy nr.   
Location   

	perilesional	lesional	healthy
skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mucosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2) Biopsy nr.   
Location   

	perilesional	lesional	healthy
skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mucosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3) Biopsy nr.   
Location   

	perilesional	lesional	healthy
skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mucosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

### 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 (LR/LP): lesional (papule; mucosa)
- \*collagen diseases: old lesion & healthy (wrist dorsal)
- \*vasculitides: fresh lesion (lower leg)
- cave:* do not biopsy an erosion, excoriation or necrotic lesion for IF

### TO BE FILLED IN BY LABORATORY IMMUNODERMATOLOGY

Date of receipt   
Initials

## 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](mailto:labimmunodermatologie@umcg.nl)

### TO BE FILLED IN BY THE PHYSICIAN

Treating physician  
Telephone  
Hospital  
Collection date


--	--	--	--	--	--	--	--

### CLINIC

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

Location lesions:  Skin  Mucous membranes

Other relevant information and DD:

### RESULT AND DECLARATION SEND TO:

--

\* 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  salt split only

### TO BE FILLED IN BY LABORATORY IMMUNODERMATOLOGY

Date of receipt	
Serumnumber	
Initials	