

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
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Tel +31 - 50 - 3612871 / 3613552
Email: 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. N₂ 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