

Patient:		
DOB:	Age: 72	Sex
Patient Identifie	ers:	
Visit Number (F	IN):	

Client: ARUP Example Report Only 500 Chipeta Way Salt Lake City, UT 84108

Physician:

F

ARUP Test Code: 0092566

Collection Date: 07/08/2022 Received in lab: 07/08/2022 Completion Date: 07/11/2022

### Immunodermatology Serum Test Report Navigation Guide

The Immunodermatology TESTING REPORT from the University of Utah follows "See Note" and is arranged as outlined below on the following pages:

CLINICAL INFORMATION This content is provided by the ordering clinician and includes the reason for testing. Specimen Details This includes specimen identification with collected and received dates. DIAGNOSTIC INTERPRETATION This is a synopsis of key findings from the testing and their diagnostic relevance. RESULTS This section reports the discrete finding and value of each test component, along with the reference range. COMMENTS Specific These comments provide an explanation of the test results as they relate to clinical considerations, and include reference to any concurrent and/or previous testing. General These comments summarize fundamental information about the test(s) and the component(s) assessed to aid in interpretation of their clinical applicability. TESTING METHODS The section lists the procedures performed, the test source(s), and the applicable laboratory developed test disclaimer(s). TEST RESULTS SUMMARY CHART A chart tabulating results of tests ordered for the patient by the same client is included if previous and/or concurrent testing has been performed. ELISA RESULTS GRAPH A graph of ELISA results also is included if previous and/or concurrent testing has been performed; the graph may be found on a subsequent page.

For testing algorithm and additional information, refer to: arupconsult.com/content/immunobullous-skin-diseases-screening



Patient: ARUP Accession: 22-189-103656

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Chart continues on following page(s) ARUP Enhanced Reporting | July 11, 2022 | page 1 of 6



# Department of Dermatology

Immunodermatology Laboratory

Immunodermatology.uofumedicine.org

John J. Zone, MD - Co-Director Kristin M. Leiferman, MD - Co-Director Mazdak Khalighi, MD Melanie K. Kuechle, MD

417 S. Wakara Way, Suite 2151 Salt Lake City, UT 84108

Phone: 1-801-581-7139 or 1-866-266-5699 Fax: 1-801-585-5695

# IMMUNODERMATOLOGY LABORATORY REPORT

Patient,Test	
F, 72 yrs,	
Submitter	

ARUP Sendouts

Bullous Pemphigoid (BP180 and BP230) Antibodies, IgG by ELISA (Final result)

#### TESTING REPORT follows "See Note"

See Note

CLINICAL INFORMATION Urticarial plaques, blisters, and pruritus. Presumptive diagnosis is persisting bullous pemphigoid versus urticarial vasculitis versus contact dermatitis.

Specimen Details S22-IP0000826 - Serum; Collected: 7/8/2022; Received: 7/11/2022

DIAGNOSTIC INTERPRETATION

Bullous Pemphigoid (BP180 and BP230) IgG Antibodies monitoring, consistent with pemphigoid

(See Results, Comments, Test Results Summary Chart with previous and current findings, and Graph of ELISA results in the Enhanced Electronic Report/EELR and/or available upon request)

IgG BP180 antibody level: 64 U/mL (H)

Copy For: IP1548 Printed: 7/11/2022 6:12 PM Page: 1 of 5

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Chart continues on following page(s) ARUP Enhanced Reporting | July 11, 2022 | page 2 of 6

## Patient, Test F, 72 yrs, PCP: Unspecified

Reference Range: Normal (negative) = Less than 9 U/mL Increased (H) (positive) = 9 U/mL and greater IgG BP230 antibody level: 3 U/mL Reference Range: Normal (negative) = Less than 9 U/mL Increased (H) (positive) = 9 U/mL and greater (H) = high/positive U = antibody level in ELISA units

#### COMMENTS

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Specific

The increased IgG BP180 antibody level in this ELISA testing provides support for the diagnosis of pemphigoid. Of note, up to 7 percent of individuals unaffected by pemphigoid, including some with other immunobullous diseases, have increased IgG BP180 and/or IgG BP230 antibody levels, although, generally, those patients who have a relatively high level of IgG BP180 antibodies, as observed in this specimen, are affected with pemphigoid. Previous ELISA testing demonstrated increased IgG BP180 antibody levels. See chart (below) for summary of previous and current test results; a graph of the ELISA results is available in the Enhanced Electronic Report/EELR and/or available upon request by contacting ARUP Client Services at 1-800-242-2787, option 2, and ask to speak with the Immunodermatology Laboratory at the University of Utah regarding patient results.

Additional considerations are that co-expression of IgG and IgA basement membrane zone antibodies may develop in patients with pemphigoid, which may have implications for disease severity and treatment approach, or that overlapping antibody expression develops to other basement membrane zone antigens that can be detected by ELISA for IgG type VII collagen antibodies. If indicated to further evaluate the immunopathological profile with respect to basement membrane zone antibodies currently, additional indirect immunofluorescence testing may be performed on this specimen by contacting ARUP Client Services, 1-800-242-2787, option 2, with add-on test request(s) for:

- Basement Membrane Zone (Epithelial) Antibodies, IgG by IIF (ARUP test number 0092056) and
- Basement Membrane Zone (Epithelial) Antibodies, IgA by
- IIF (ARUP test number 0092057) with or without - Collagen Type VII Antibody, IgG by ELISA (ARUP test
- number 2010905).

Detection, levels, and patterns of diagnostic antibodies may fluctuate with disease manifestations, and IgG BP180 antibody levels may correlate with disease activity in some patients with pemphigoid. Clinical correlation is needed, including with treatment status. Monitoring

Copy For: IP1548 Printed: 7/11/2022 6:12 PM Page: 2 of 5



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Chart continues on following page(s) ARUP Enhanced Reporting | July 11, 2022 | page 3 of 6

## Patient, Test F, 72 yrs, PCP: Unspecified

antibody profiles by indirect immunofluorescence as well as continued monitoring of antibody levels by ELISAs may aid in assessing disease expression and activity, including response to therapy.

General

Major molecular structures in the basement membrane zone to which IgG pemphigoid antibodies bind have been identified and termed "BP180" for a 180 kDa bullous pemphigoid antigen (also known as bullous pemphigoid antigen 2, BPAG2, or type XVII collagen, COL17) and "BP230" for a 230 kDa bullous pemphigoid antigen (also known as bullous pemphigoid antigen 1, BPAG1). BP180 is a transmembrane component of the basement membrane zone with collagen-like domains; the non-collagenous 16A (NC16A) antigenic domain of BP180 has been identified as a main antigenic target. BP230 is located in the hemidesmosomal plaque of basal cells in the epidermis. Serum levels of IgG BP180 and IgG BP230 antibodies are determined by enzyme-linked immunosorbent assays (ELISA), and serum levels of IgG BP180 antibodies may correlate with disease activity in pemphigoid, diminishing with treatment response. Up to 7 percent of individuals who do not have pemphigoid, including patients with other immunobullous diseases, have increased levels of IgG BP180 and/or BP230 antibodies by ELISAs. In patients with pemphigoid, IgG BP180 and/or IgG BP230 antibody levels, determined by ELISAs, may be more sensitive diagnostic markers than indirect immunofluorescence, and, in patients with epidermolysis bullosa acquisita, the IgG type VII collagen antibody level, determined by ELISA, may be a more sensitive diagnostic marker than indirect immunofluorescence. Patients with pemphigoid or epidermolysis bullosa acquisita may show reactivity to multiple basement membrane zone components in addition to or other than the BP180 and BP230 epitopes and type VII collagen epitopes displayed in the respective ELISAs.

TESTING METHODS Enzyme-Linked Immunosorbent Assay (ELISA)

IgG BP180 and IgG BP230 serum antibody levels determined by U.S. Food and Drug Administration (FDA)-approved ELISAs (Mesacup, MBL BION). [Two ELISAs]

TEST RESULTS SUMMARY CHART Basement Membrane Zone Antibodies

	Date of Specimen	IgG BMZ Tit	ers	IgA BMZ	Titers	BP 180	BP 230	Col VII
21-3011	09/01/21	IgG ME: IgG SS:		ME: SS:		96	0	NA
21-4882	11/30/21	IgG ME: IgG SS:		ME: SS:		70	1	NA

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Patient: ARUP Accession: 22-189-103656

Chart continues on following page(s) ARUP Enhanced Reporting | July 11, 2022 | page 4 of 6

## Patient, Test F, 72 yrs,

PCP: Unspecified

21-5578 12/15/21	IgG ME: NA IgG SS: NA	ME: NA SS: NA	79	4	NA	
22-0496 06/21/22	IgG ME: NA IgG SS: NA	ME: NA SS: NA	64	3	NA	
ELISA Refere	nce Ranges:					
Normal	d IgG BP230 An (negative) = (positive) =	Less than 9 1	U/mL			
Normal Slightly increase Increase	Collagen Antii (negative) = d (H) (positiv d (H) (positiv	Less than 7 1 e) = 7-8 U/ml	L	er		
Chart Key:		(2112)				
indir IgA BMZ = IgA b	asement membra ect immunofluo asement membra ect immunofluo	rescence ne zone (BMZ)			<u>1</u>	
substrate SS = Antibody abs	dpoint titer) ence (negative ttern and endp	on monkey eso ) or antibody	ophagus y presenc	(ME) ce		
pemphigoid other pemp including	localization ( (IgG - pemphig , some mucous n higoid variant linear IgA bul sease of child	oid including membrane pemp s; IgA - ling lous dermato:	g bullous phigoid, ear IgA c	and disea		
Derm = dermal loc (IgG - epi lupus eryt anti-p200 rare pemph		or) on split losa acquisit i-laminin-33 -1) pemphigo: ; IgA - linea	ta, bullo 2 pemphio id, other ar IgA di	ous Joid,		
Comb = combined e floor) on	split skin sub and pemphigoi	strate (IgG ·				
BP180 = IgG BP180 BP230 = IgG BP230 Col VII = IgG typ	antibody leve	1 (U/mL) by 1	ELISA	-)		
Copy For: IP1548					Printed: 7/11/2	022 6:12 PM Page: 4 of 5

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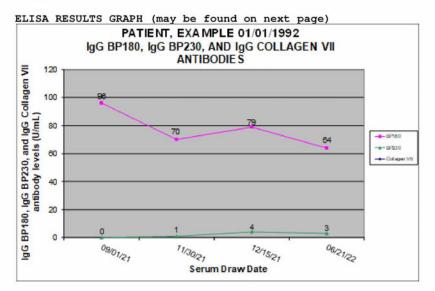
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Chart continues on following page(s) ARUP Enhanced Reporting | July 11, 2022 | page 5 of 6 Patient, Test F, 72 yrs, PCP: Unspecified

by ELISA

NA = Not Assayed

Electronically signed by PM.



#### Resulting Laboratory

IMMUNODERMATOLOGY LABORATORY University of Utah 417 S. Wakara Way, Suite 2151 Salt Lake City, UT 84108 Director: John Joseph Zone, MD 801-581-7139

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END OF CHART ARUP Enhanced Reporting | July 11, 2022 | page 6 of 6